

Louisiana Long-term Care Real Choice  
Systems Transformation Grant

**Grant Year 3 Evaluation Report**

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# **Grant Year 3 Evaluation Report**

## **Introduction**

In 2005 the Centers for Medicare and Medicaid Services awarded Louisiana a Real Choice Systems Transformation grant. The goals of the grant are to transform the long-term care in Louisiana by enhancement of long-term supports coordinated with affordable and accessible housing, development of a comprehensive quality management program, and transformation of information technology (IT) to support long term care systems change.

Louisiana's work on the Real Choice Systems Transformation grant occurred in two phases. First, during the strategic planning process, a stakeholder group and three workgroups provided input to shape the goals, objectives, strategies, major action steps, outputs, outcomes, and timelines of the project. Second, in July 2006 Louisiana initiated the grant implementation phase, during which it began taking the action steps necessary to transform the long-term care system.

This report presents data from the third year of the grant (the second year of grant implementation), with each measure and its related data presented separately throughout this report. Where possible, data from Year 3 is compared to baseline data collected in Year 2. Just as grant activities are being phased in over the life of the grant, so are the corresponding activities to evaluate grant outcomes (see Table 1). Therefore, this report provides data only on the subset of grant activities in progress and measurable at the time of data collection. We will continue to collect data on these activities, as well as other activities as they are implemented, over the course of the grant and will analyze these data to determine the extent to which Louisiana has achieved the outcomes outlined in the grant strategic plan.

**Table 1: Louisiana Systems Transformation Grant, Evaluation Measure Status as of August 2008**

<b>Evaluation Plan Measure</b>	<b>Reporting Year 2007 Grant Year 2</b>	<b>Reporting Year 2008 Grant Year 3</b>	<b>Reporting Year 2009 Grant Year 4</b>	<b>Reporting Year 2010 Grant Year 5</b>
<b>3.1.1</b>	Started	Active	Active	Active
<b>3.1.2</b>	Started	Active	Active	Active
<b>3.1.3</b>	Started	Active	Active	Active
<b>3.1.4</b>	Not Scheduled to Start	Start	Active	Active
<b>3.2.1</b>	Not Scheduled to Start	Start	Active	Active
<b>3.2.2</b>	Not Scheduled to Start	Delayed	Start	Active
<b>3.2.3</b>	Not Scheduled to Start	Delayed	Start	Active
<b>3.2.4</b>	Not Scheduled to Start	Delayed	Start	Active
<b>3.3.1</b>	Not Scheduled to Start	Not Scheduled to Start	Start	Active
<b>3.3.2</b>	Not Scheduled to Start	Not Scheduled to Start	Not Scheduled to Start	Active
<b>4.1.1</b>	Not Scheduled to Start	Delayed	Start	Active
<b>4.2.1</b>	Started	Active	Active	Active
<b>4.2.2</b>	Delayed	Delayed	Start	Active
<b>4.2.3</b>	Delayed	Start	Active	Active
<b>4.3.1</b>	Started	Active	Active	Active
<b>4.3.2</b>	Started	Active	Active	Active
<b>4.3.3</b>	Not Scheduled to Start	Start Pilot	Start Survey	Active
<b>6.1.1</b>	Started	Active	Active	Active
<b>6.1.2</b>	Started	Active	Active	Active
<b>6.1.3</b>	Started	Active	Active	Active
<b>6.1.4</b>	Delayed	Start (Partial)	Active	Active
<b>6.1.5</b>	Delayed	Start (Partial)	Active	Active
<b>6.2.1a</b>	Not Scheduled to Start	Not Scheduled To Start	Active	Active
<b>6.2.1b</b>	Not Scheduled to Start	Start	Active	Active

<b>Evaluation Plan Measure</b>	<b>Reporting Year 2007 Grant Year 2</b>	<b>Reporting Year 2008 Grant Year 3</b>	<b>Reporting Year 2009 Grant Year 4</b>	<b>Reporting Year 2010 Grant Year 5</b>
<b>6.3.1</b>	Started	Active	Active	Active
<b>6.3.2</b>	Started	Active	Active	Active
<b>6.3.3</b>	<del>Measure Deleted</del>	<del>Deleted</del>	<del>Deleted</del>	<del>Deleted</del>
<b>6.3.3</b>	Delayed	Delayed	Start	Active
<b>6.3.4</b>	Delayed	Start	Active	Active

## **Methods**

This evaluation involves periodic collection and analysis of data across the three program goals (Quality Management, IT and Housing) and includes both leading (shorter term) and lagging (longer term) outcome measures. We incorporate both quantitative and qualitative techniques in non-experimental and quasi-experimental time series designs.

Given the variety of activities being utilized in Louisiana to achieve the grant objectives, we use an array of strategies to inform the evaluation. These activities include, but are not limited to:

- Surveys of stakeholders
- Website review
- Document review
- Website volume tracking
- In-depth interviews

Within this report, we provide a complete description of the methods used to collect data for each individual outcome measure.

## Evaluation Results Goal 3 Quality Management

### Measure 3.1.1

Measure 3.1.1	
Outcome	Louisiana's QM indicators will be relevant to major stakeholders of long term support systems for adults with disabilities, elders, and individuals with developmental disabilities
Measure	Level of satisfaction stakeholders report with the process for developing quality indicators and with the set of indicators adopted

In June 2007, the evaluation team developed a survey to measure the level of satisfaction that stakeholders reported with the process for developing quality management (QM) indicators and with the set of indicators adopted during the strategic planning phase. This survey was used in July 2007 to collect baseline data on Measure 3.1.1. At baseline, of the 66 stakeholders invited to take the survey, 33 completed the survey (50% response rate).

In June 2008, the evaluation team modified this survey to measure satisfaction with the process for revising QM indicators and with the current set of indicators. The revised survey was reviewed for content and clarity by staff at the Louisiana Department of Health and Hospitals (DHH). DHH project staff also generated a list of key stakeholders from the QM Leadership Workgroup, the DHH QM Interagency team, and the Office of Aging and Adult Services (OAAS) and Office for Citizens with Developmental Disabilities (OCDD) QM Steering Groups. The number of potential respondents during Year 3 was about one-half the number invited at baseline, because DHH project staff believed a smaller subset of individuals had been involved in indicator modification during Year 3. Because the respondents for this survey were the same as were to be invited to complete surveys for measures 3.1.3 and 3.2.1., all three surveys were combined into a single instrument (Appendix A).

In July 2008, the survey was fielded to stakeholders using the online Vovici survey program, in which one can upload a survey for respondents to take online at their convenience. The Vovici software generated an email to potential respondents inviting them to complete the survey online. Several rounds of follow-up were conducted to maximize the survey response rate.

Of the 30 stakeholders invited to take the survey, 17 completed the survey (57% response rate). Respondents were asked to identify each of the QM-related stakeholder groups in which they had participated. Fifteen respondents had participated in the QM Leadership workgroup, 8 in the DHH QM Interagency team, 1 in the OCDD QM Steering group/SPICE group, and 5 in the OAAS QM Steering group.

The results of the Year 3 survey are presented below and are compared to the baseline data where appropriate. However, it should be noted that results represent two cross sections of different respondents. That is, the individuals who responded in Year 3



were not necessarily the same as those who responded at baseline. As such, the ability to make strong conclusions about data trends is limited.

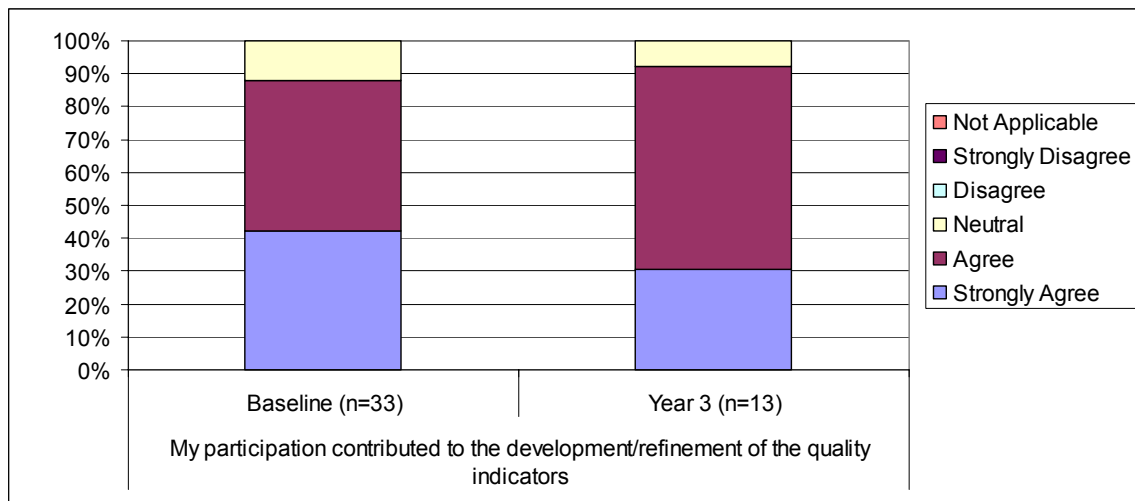
## Revision of Indicators

On the Year 3 survey, respondents were first asked whether there had been any modifications to the QM indicators during the past year. Thirteen respondents indicated that there had been revisions to the indicators. These individuals were then asked a series of questions gauging their satisfaction with the process for revising quality indicators and with the current set of indicators.

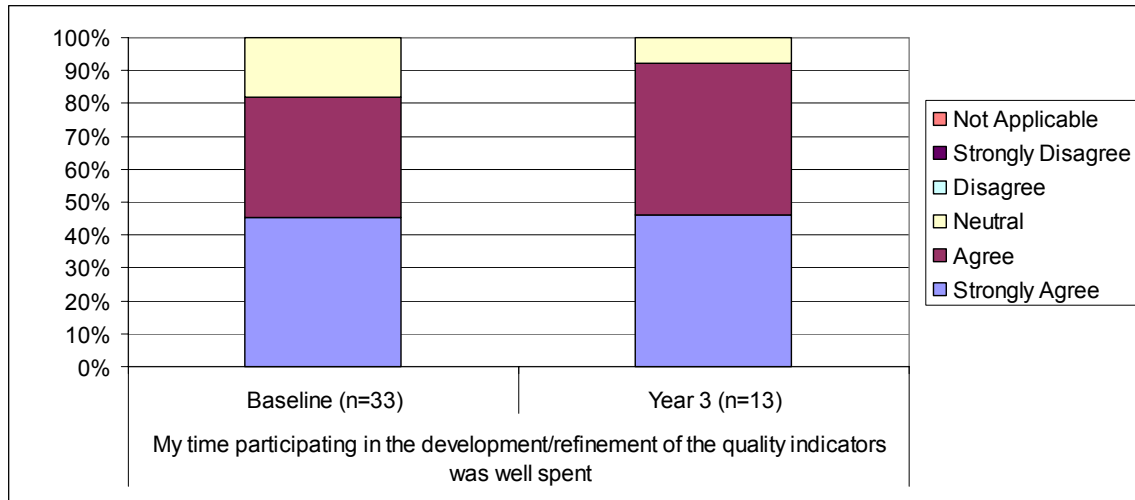
## Satisfaction with the Process for Developing the QM Indicators

To gauge the level of satisfaction with the process for refining QM indicators, respondents considered five statements dealing with aspects of the process and reported the extent they agreed with these statements. Response options included “strongly agree,” “agree,” “neutral,” “disagree,” “strongly disagree,” and “not applicable.”

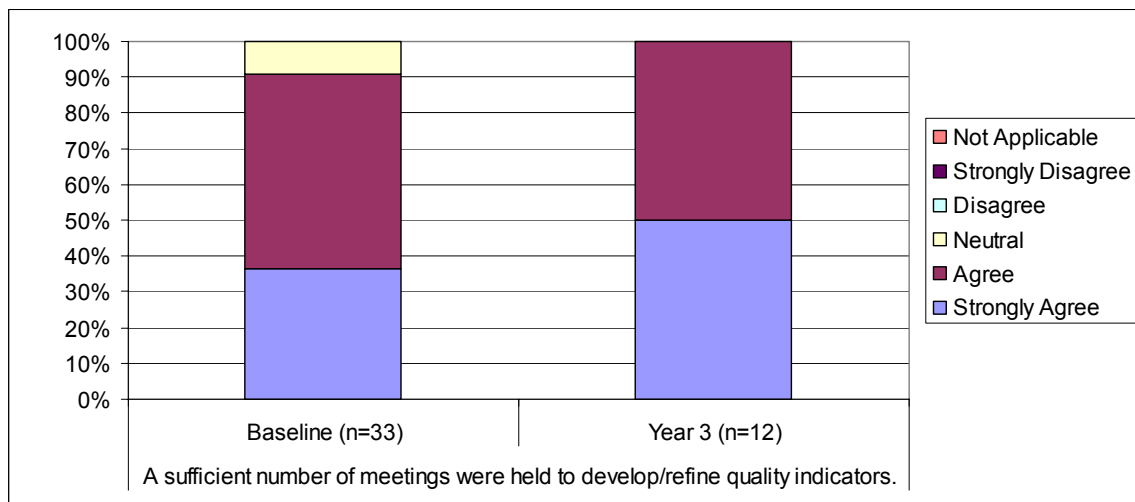
**1. *My participation contributed to the development/refinement of the quality indicators.*** At baseline approximately 88% of respondents agreed or strongly agreed that their participation contributed to the development of the indicators. In Year 3, a slightly higher proportion (93%) agreed or strongly agreed they their participation contributed to their refinement. In both years, all other respondents were neutral.



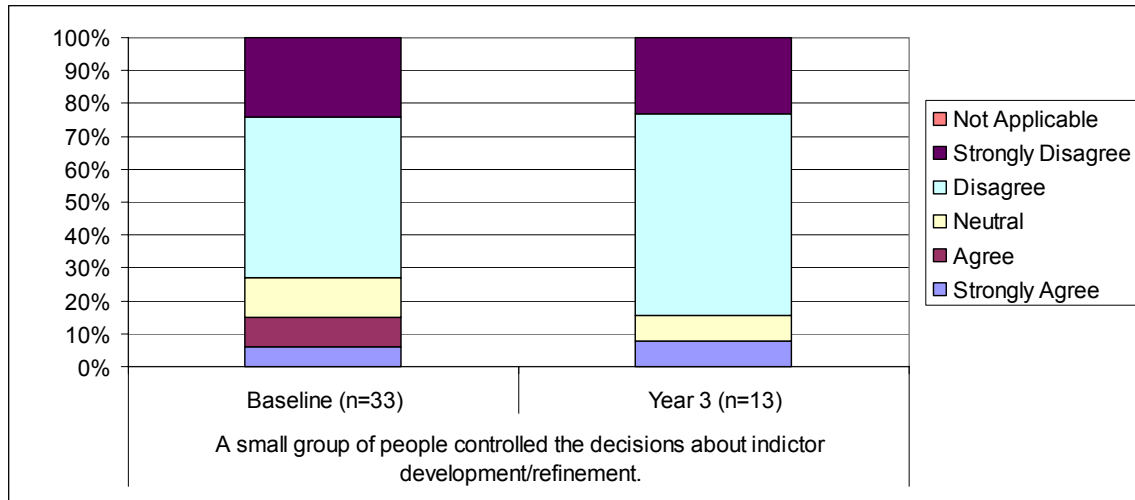
**2. *My time participating in the development/refinement of the quality indicators was well spent.*** While at baseline 82% of respondents agreed or strongly agreed that their time participating in the development of quality indicators was well spent, in Year 3 92% agreed or strongly agreed that their time participating in the refinement of the quality indicators was well spent. All other respondents were neutral.



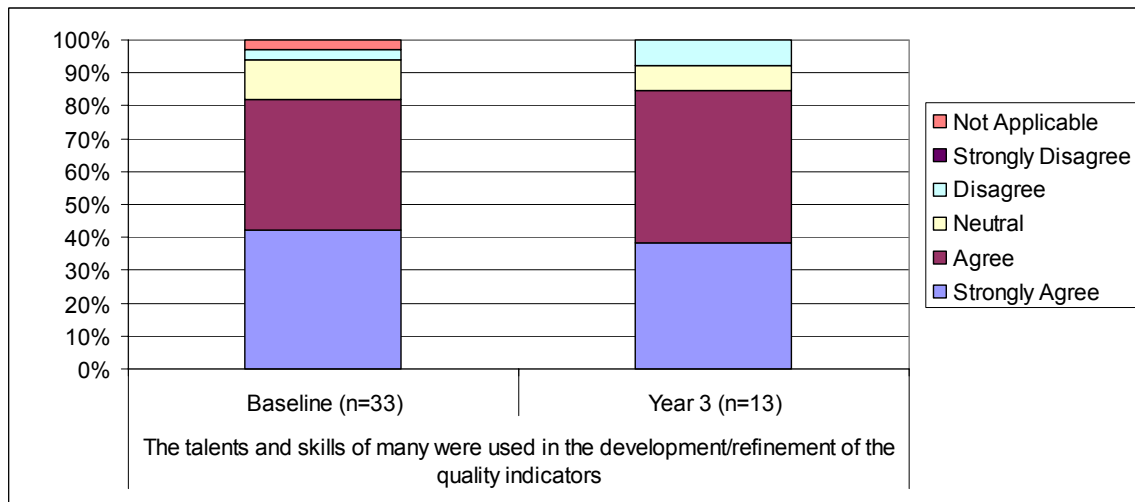
**3. A sufficient number of meetings were held to develop/refine the quality indicators.** At baseline 91% of respondents agreed or strongly agreed that a sufficient number of meetings were held to develop quality indicators. In Year 3, all respondents agreed or strongly agreed that a sufficient number of meetings were held to develop/refine the quality indicators.



**4. A small group of people controlled the decisions about indicator development/refinement.** At baseline, 72% of respondents disagreed or strongly disagreed that a small group of people controlled the decisions about indicator development, while 15% agreed or strongly agreed. In Year 3, 83% disagreed or strongly disagreed that a small group of people controlled decisions about indicator refinement, while only 6% strongly agreed. All other respondents were neutral.

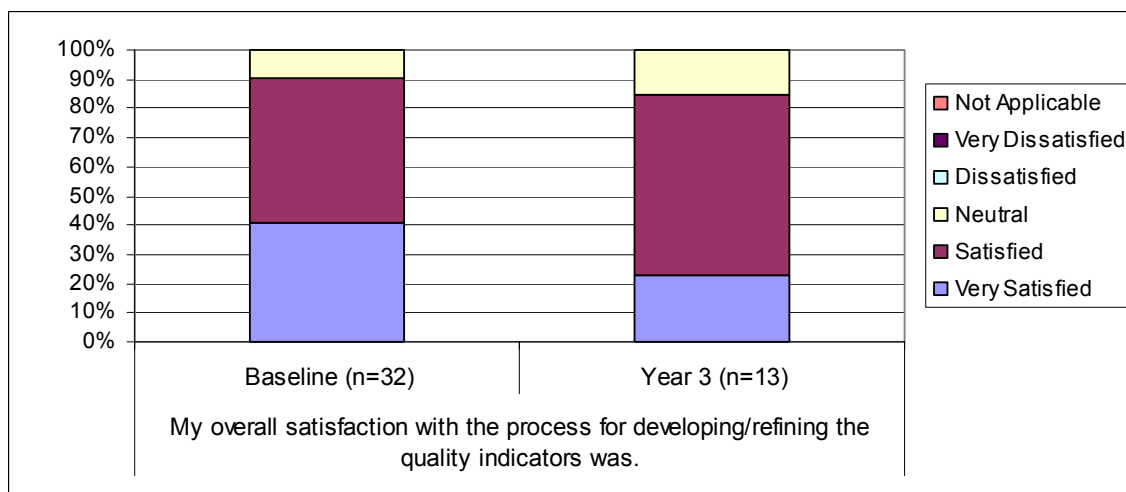


**5. The talents and skills of many were used in the development/refinement of the quality indicators.** At baseline and in Year 3, just over 80% of respondents agreed or strongly agreed that the talent and skills of many were used in the development/refinement of the quality indicators.



### Overall Satisfaction with the Process for Developing/Refining Quality Indicators

In addition, as a summary measure, respondents were asked to rate their overall level of satisfaction with the process for developing/refining the quality indicators. At baseline, most respondents (91%) indicated that they were very satisfied or satisfied with the process. The remaining respondents reported that they were neutral about the process for developing the indicators. In Year 3, 85% were very satisfied or satisfied with the process, and the remaining respondents were neutral.



## How to Improve the Process for Developing/Refining Indicators

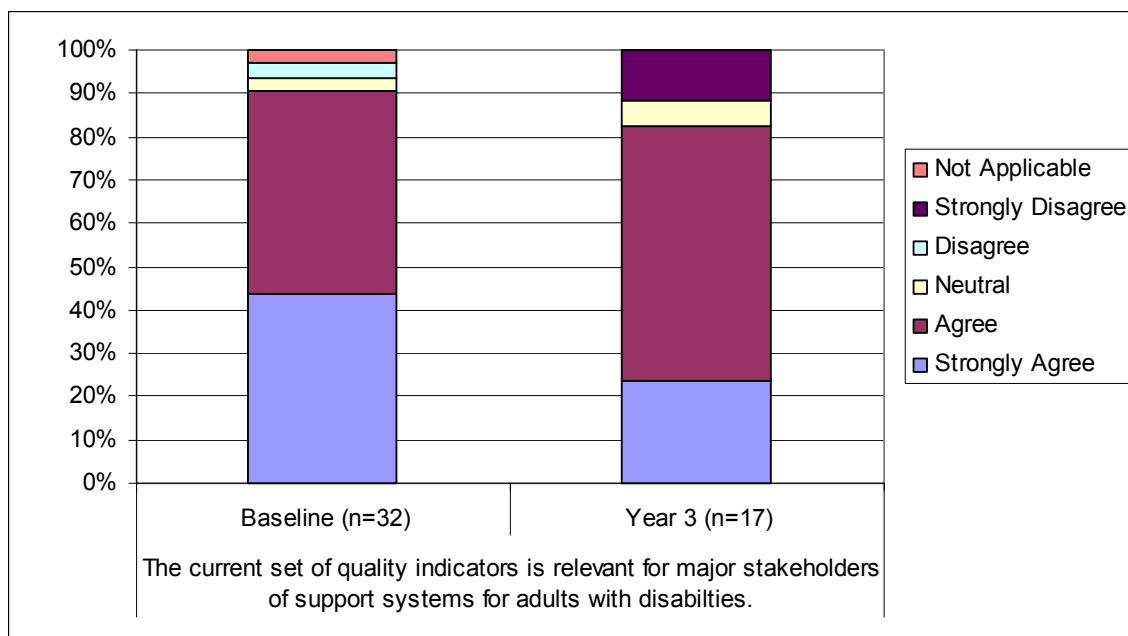
In an open ended question, respondents had the opportunity to provide feedback on how the process for developing the quality indicators might have been improved. At baseline, of the 33 survey respondents, 18 provided feedback on this item. However, in Year 3, only 1 respondent provided feedback. This individual wrote:

*“Increase the educational component of the meetings so that stakeholders can make more informed choices. Increase the sophistication of the revision process by transparently using problem solving and decision-making tools, e.g., brainstorming, affinity grouping and ranking. Continue to clarify our authority and role in how decisions get made.”*

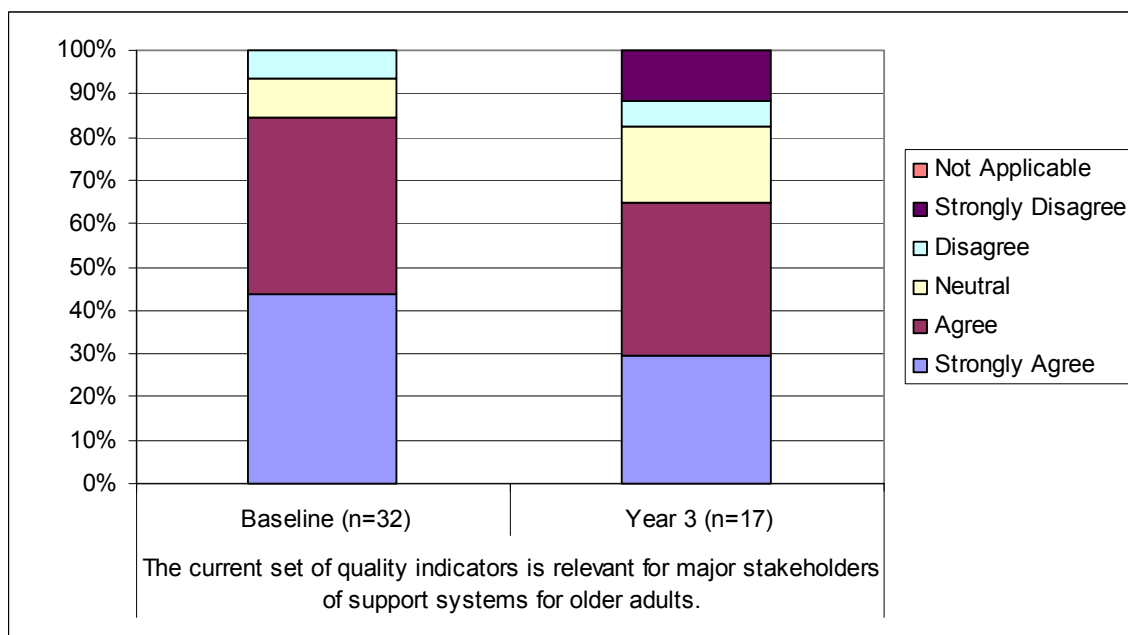
## Satisfaction with the Quality Indicators Chosen

To gauge respondent level of satisfaction with the current set of QM indicators chosen, respondents considered three statements regarding the relevance of the indicators for various stakeholder groups. Respondents reported the extent to which they agreed with these statements. Response options included “strongly agree,” “agree,” “neutral,” “disagree,” “strongly disagree,” and “not applicable.”

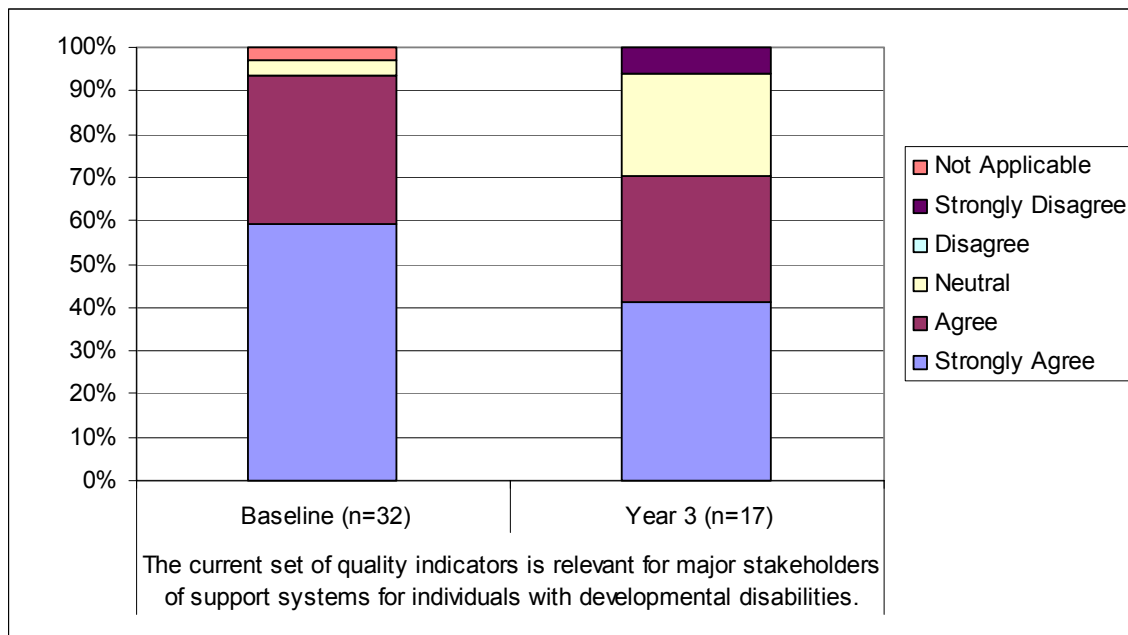
**1. The current set of quality indicators is relevant to major stakeholders of support systems for adults with disabilities.** At baseline, over 90% of respondents strongly agreed or agreed that the current set of quality indicators was relevant to stakeholders of support systems for adults with disabilities. In Year 3, however, this proportion had declined to 83%. Furthermore, while no respondents strongly disagreed at baseline, about 12% of respondents strongly disagreed in Year 3.



**2. The current set of quality indicators is relevant to major stakeholders of support systems for older adults.** At baseline, 85% of respondents agreed or strongly agreed that the current set of quality indicators was relevant to major stakeholders of support systems for older adults. In Year 3, however, only 65% agreed or strongly agreed. And, whereas no respondents strongly disagreed at baseline, 13% of respondents strongly disagreed with this statement in Year 3.



**3. The current set of quality indicators is relevant to major stakeholders of support systems for individuals with developmental disabilities.** At baseline, the great majority of respondents (nearly 95%) strongly agreed or agreed that the current set of quality indicators is relevant to major stakeholders of support systems for individuals with developmental disabilities. In Year 3, only 71% of respondents strongly agreed or agreed, and about 25% were neutral.

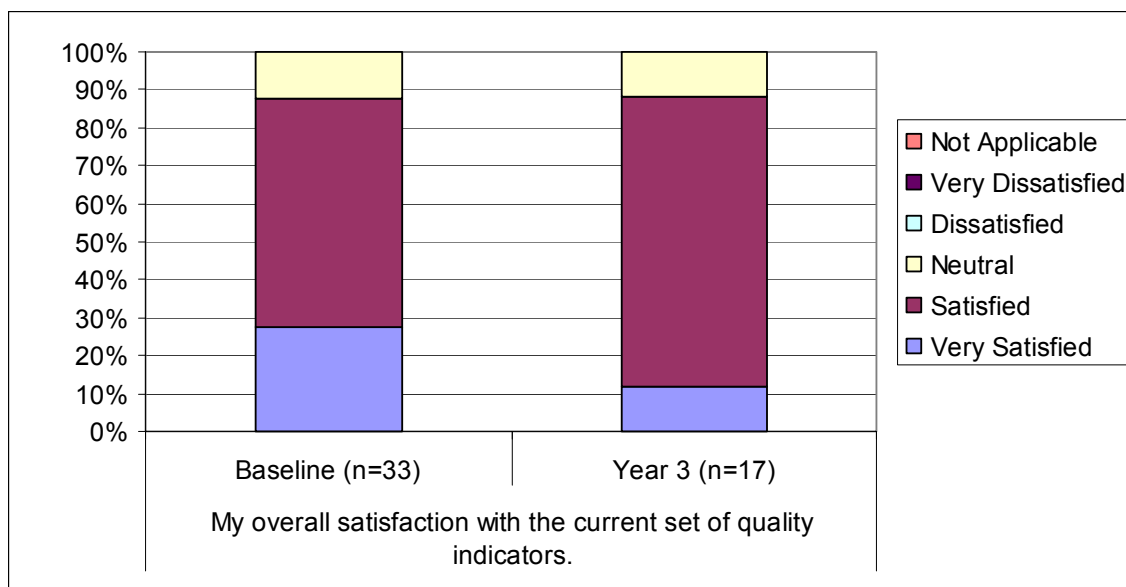


### Number of Quality Indicators Chosen

Respondents were asked to evaluate the number of quality indicators chosen. At baseline, 69% reported that the number of indicators chosen was “just right,” while 31% said that “too many” indicators were chosen. The distribution of Year 3 responses was similar: 65% said the number of indicators was “just right,” 29% said the number of indicators was “too many,” and 6% (1 respondent) said that number of indicators was “too few.”

### Overall Satisfaction with Quality Indicators

In addition, as a summary measure, respondents were asked to rate their overall level of satisfaction with the current set of quality indicators. At baseline and in Year 3, most respondents (about 88%) indicated that they were very satisfied or satisfied with indicators. All others reported that they were neutral about the indicators.



### How to Improve the Current Set of Quality Indicators

In an open ended question, respondents had the opportunity to provide feedback on how the quality indicators might have been improved. In Year 3, five respondents provided feedback on this item. Four of the responses recommended focusing on a smaller set of indicators. Two of the comments urged the improvement of the process of selecting indicators to improve efficiency and group functioning. The full responses are provided in Table 2.

**Table 2: How to Improve the Current Set of Quality Indicators**

By improving the process of selecting quality indicators, the team learns how to function as a quality group.
I would prefer fewer indicators to start with but am okay with the number selected.
There are many of them, although I do realize that they were prioritized. In addition, several different groups met to develop them and there was lots of repetition, it would have been more efficient to develop together. Also, not clear on how the data will be collected.
I think there are too many. Would have rather had smaller set of core indicators. Also think that while many are applicable across all populations served, some are more oriented toward persons with developmental disabilities.
Would focus on smaller set of key indicators rather than the large number.

### Measure 3.1.2

Measure 3.1.2	
Outcome	Louisiana's QM system will meet state and federal requirements
Measure	Level that DHH program officers report the QM system provides timely and useful evidence that waiver assurances are met

In June 2007, the evaluation team developed a survey to measure the level that DHH program officers report the QM system provides timely and useful evidence that waiver assurances are met. This survey was used in July 2007 to collect baseline data on Measure 3.1.2 from two key informants.

In spring 2008, the evaluation team modified the survey by converting it into a phone-interview protocol, with added closed-ended questions, as well as open-ended questions that could elicit detailed responses. The revised interview protocol was reviewed for content and clarity by staff at the Louisiana Department of Health and Hospitals (DHH). DHH project staff also generated a list of key informants—2 DHH program officers responsible for waiver reports—to participate in the interview. These were the same individuals who completed the baseline survey during Year 2. Because the respondents for this interview were the same as were to be invited to complete a survey for measure 4.3.3, these instruments were combined into a single protocol (Appendix B).

Interviews lasted for approximately 30 minutes and were conducted during September 2008, though respondents were asked to reflect on the period between July 1, 2007 and June 30, 2008. The findings are presented below. Where appropriate, the Year 3 findings are compared to baseline data.

### QM System Improvements

Respondents were asked whether the QM system had improved during the previous year. Both respondents indicated that the system had improved and gave examples of improvements, including new initiatives in place to identify quality data through surveys with consumers (e.g., a survey to 400 waiver participants) and the development of a handbook for providers on how to develop quality assurance plans. In addition, both respondents indicated that the Systems Transformation Grant has positively impacted the QM system. The Systems Transformation Grant has allowed the hiring of contractors to provide technical assistance on quality management initiatives, such as helping state staff identify surveys to use with consumers or reviewing draft versions of the provider handbook, though grant funds are not used directly to field surveys or print materials. A statement by one respondent clarifies this point:

*“We don’t use grant funds to pay to send out the survey, but we use the grant funds to provide us with information to make good decisions to identify gaps in our systems and to determine how to fill them.”*



## QM System Use for Waiver Assurances

To gauge the extent to which the current QM system facilitates waiver reporting, respondents considered nine statements. Respondents reported the extent to which they agreed with these statements. Response options included “strongly agree,” “agree,” “neutral,” “disagree,” “strongly disagree,” and “not applicable.”

In Year 3, when asked whether the QM system provides *timely* evidence that waiver assurances are met, one respondent disagreed, while the other indicated agreed. At baseline, one respondent had disagreed, while the other indicated “neutral.”

In Year 3, when asked whether the QM system provides *useful* evidence that waiver assurances are met, one respondent indicated “agree” while the other indicated “disagree.” These were the same responses given at baseline.

In Year 3, when asked whether the QM system provides *easy access* to data for waiver reporting, one respondent disagreed and the other strongly disagreed. At baseline, both respondents had disagreed.

In Year 3, when asked whether the QM system provides *comprehensive information on provider deficiencies* at the regional level sufficient to complete the waiver report, one agreed and one was “neutral.” At baseline, one individual was “neutral,” while the other disagreed.

In Year 3, when asked whether the QM system provides *sufficiently complete complaint data* to complete the waiver report, one respondent strongly agreed and the other disagreed. The individual who strongly agreed noted that a complaint tracking system had been developed in late 2007. At baseline, one individual indicated “neutral” while the other indicated “disagree.”

In Year 3, when asked whether QM system provides *sufficiently complete information about the resolution of abuse and neglect cases* to complete the waiver report, one respondent indicated “strongly agree” while the other partially agreed. The latter individual noted that such information is available from the division serving 18-59 year olds but less so from the division serving those 60 and over. At baseline, one respondent indicated “agree” while the other indicated “disagree.”

In Year 3, when asked whether the Quality Management system provides *sufficiently comprehensive data on waiver enforcement actions* to complete the waiver report, one individual was neutral while the other disagreed. This question was not asked at baseline.

In Year 3, when asked whether it is *easy to get the information needed* related to waiver assurances, both respondents disagreed. This question was not asked at baseline.

In Year 3, when asked whether the data available in the Quality Management system is of *good quality* to complete the waiver report, one respondent was “neutral” and the other strongly agreed. The “neutral” individual reported that she was not totally satisfied with the quality of data, though the agencies were able to get some of the information they need. At baseline, one individual was “neutral” and the other strongly disagreed.

### **Overall Satisfaction with QM System’s Ability to Facilitate Completion of Waiver Report**

In Year 3, respondents were asked to complete the statement “My overall satisfaction with QM system’s ability to facilitate completion of the waiver report is...” Statement completion options included “very satisfied,” “satisfied,” “neutral,” “dissatisfied,” “very dissatisfied,” and “not applicable.” In Year 3, one respondent was dissatisfied, while the other was satisfied. At baseline, both respondents indicated “dissatisfied” with the current QM system’s ability to facilitate completion of the waiver report.

### **How to Improve QM System Usefulness**

In Year 3, in an open ended question, respondents were asked how the usefulness of the QM system could be improved. Between the two respondents, several major themes emerged regarding system improvement. First, the system could be improved by becoming more automated. Both respondents indicated that the current level of automation was not sufficient. Second, the system could be improved by allowing DHH more capabilities to run data reports on their own, rather than depending on reports run by a Medicaid data contractor. Currently, DHH staff must make a request to Medicaid for certain data reports to be produced. To that end, one respondent also suggested that it would be helpful to have flexibility to run reports for certain date ranges, regions of the state, or waivers. Finally, the system could be improved if there was more collaboration between state agencies that use the same systems. If one agency identifies a way to get data to meet the assurances, it would be helpful to share that method with other relevant agencies.

### **Major Barriers to Obtaining Information Related to the Assurances**

In an open ended question, respondents were asked to identify the major barriers to obtaining information related to the waiver assurances. Both respondents indicated that lack of staff limits the ability to obtain information for the assurances. Both also indicated that the IT systems and their lack of automation limit staff ability to obtain information needed for the waiver assurances. Finally, both individuals remarked on the need to prioritize improvements and the difficulty in doing this when Louisiana is faced with natural disasters and other seemingly more pressing issues.

### Measure 3.1.3

Measure 3.1.3	
Outcome	Information from Louisiana's QM system will be used to guide quality improvement projects
Measure	Stakeholders report and documents demonstrate that quality improvement projects/initiatives are being prioritized and implemented on the basis of QM data.

In June 2007, the evaluation team developed a survey to measure the extent to which stakeholders report that quality improvement projects (QIPs) are being prioritized and implemented on the basis of QM data. This survey was used in July 2007 to collect baseline data on Measure 3.1.3. At baseline, of the 66 stakeholders invited to take the survey, 28 completed the survey (42% response rate).

In July 2008, the unmodified survey again was used to assess Measure 3.1.3. DHH project staff generated a list of key stakeholders from the Quality Management (QM) Leadership Workgroup, the DHH QM Interagency team, and the Office of Aging and Adult Services (OAAS) and Office for Citizens with Developmental Disabilities (OCDD) QM Steering Groups. The number of potential respondents during Year 3 was about one-half the number invited at baseline, because DHH project staff believed a smaller subset of individuals had been involved in indicator modification during Year 3. Because the respondents for this survey were the same as were to be invited to complete surveys for measures 3.1.1 and 3.2.1., all three surveys were combined into a single instrument (Appendix A).

In July 2008, the survey was fielded to these stakeholders using the online Vovici survey program. The Vovici software generated an email to potential respondents inviting them to complete the survey online. Several rounds of follow-up were conducted to maximize the survey response rate.

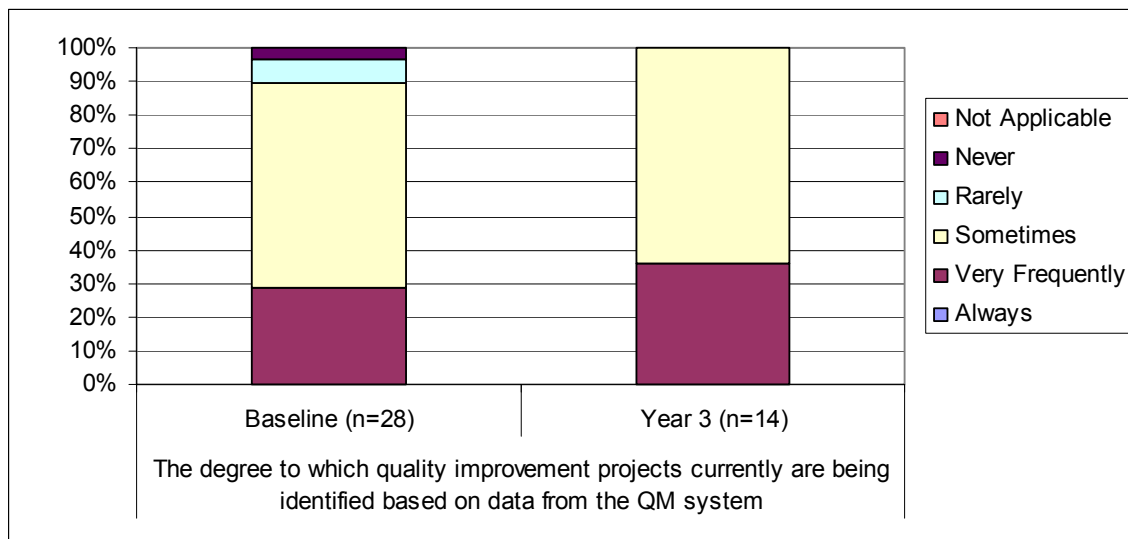
Of the 30 stakeholders invited to take the survey, 17 completed the survey (57% response rate). Respondents were asked to identify each of the QM-related stakeholder groups in which they had participated. Fifteen respondents had participated in the QM Leadership workgroup, 8 in the DHH QM Interagency team, 1 in the OCDD QM Steering group/SPICE group, and 5 in the OAAS QM Steering group.

The results of the Year 3 survey are presented below and are compared to the baseline data where appropriate. However, it should be noted that results represent two cross sections of different respondents. That is, the individuals who responded in Year 3 were not necessarily the same as those who responded at baseline. As such, the ability to make strong conclusions about data trends is limited.

## Identification of Quality Improvement Projects

At baseline, most respondents (93%) reported that QIPs were being identified at the time of the survey. In Year 3, a smaller proportion (82%) reported that QIPs were being identified. Respondents were asked the degree to which QIPs were being identified based on data from the quality management system. Response options included “always,” “very frequently,” “sometimes,” “rarely,” “never,” and “not applicable.”

At baseline, no respondents reported that QIPs always were identified based on data from the quality management system, but 8 respondents (29%) indicated that QIPs were identified from this data very frequently. The majority of respondents (60%) indicated that QIPs sometimes were identified based on such data. In Year 3, 36% of respondents said that QIPs very frequently were identified based on data from the QM system, and all other respondents indicated that this sometimes occurred.



In an open ended question, respondents provided feedback on the factors limiting the degree to which QIPs are being identified on the basis of data from the quality management system. Of the 15 responses given at baseline, the majority (10 responses) focused on the data itself. These comments tended to reflect the difficulty obtaining high quality, reliable data to be incorporated into, or already existing within, the quality management system. The eight responses in Year 3 also tended to focus on the availability of data, as well as staff time need to analyze the data. The full set of responses is provided in Table 3.

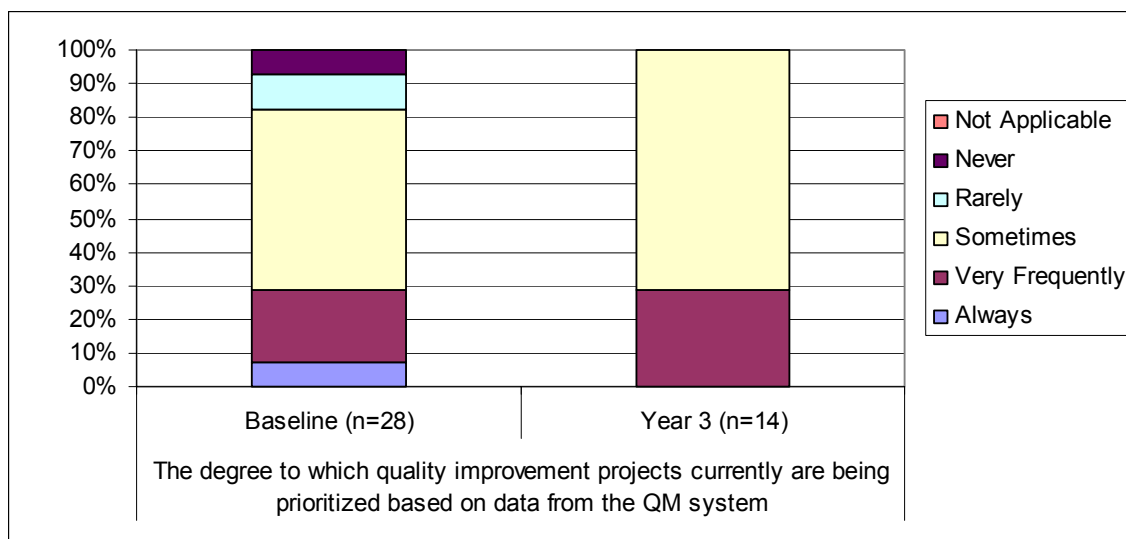
**Table 3: Factors Limiting Degree to which QIPs are Identified Based on Data from the QM System**

We have not reviewed the available data yet. Increased education about CQI activities including interpretation of data would minimize this limitation.
Availability of data.
Keep in mind that all of my comments are from a regional office perspective. I may not know that projects are identified, prioritized or implemented. That is one of the biggest concerns: not really knowing what is being done. AND I do participate in the meetings. There is a big disconnect from what we learn at stakeholder meetings, do in the leadership meeting and what is happening. IE: Asst Sec talk about what is going on in their agencies, but there is not connection of those happenings and the quality indicators. If there are projects directly related to something that was learned through data from a quality indicator, I am unaware of it.
Limitations on data collection. There are still obstacles to integrating data sources, producing easily useable reports, etc. A lot of progress has been made in this area, but there's still work to do.
State budget limitations.
Enough time, money, and people to do more. We have quite a few quality improvement projects being implemented. You can only do so much at any one time with the amount of resources currently available.
The need for automated data systems has been identified for implementation of quality improvement projects such as support coordination monitoring. We have recently collected consumer survey data and are in the process of compilation and analysis.
Competing demands for staff time for data analysis. Continued need for readily accessible, easily obtainable data.

### **Prioritization of Quality Improvement Projects**

At baseline, most respondents (70%) reported that QIPs were being prioritized at the time of the survey. In Year 3, a higher proportion (82%) reported that QIPs were being prioritized. Respondents were asked the degree to which QIPs were being prioritized based on data from the quality management system. Response options included “always,” “very frequently,” “sometimes,” “rarely,” “never,” and “not applicable.”

At baseline, over half of respondents (54%) indicated that QIPs sometimes were prioritized based on data from the quality management system. In addition, 21% said that very frequently QIPs were prioritized based on data, and another 7% (2 respondents) reported this occurred always. In Year 3, all respondents stated that QIPs either were very frequency based on QM system data (29%) or sometimes were based on such data (71%).



In an open ended question, respondents provided feedback on the factors limiting the degree to which QIPs are being prioritized on the basis of data from the quality management system. At baseline, 16 individuals provided feedback on this item, and in Year 3, 5 individuals provided feedback. While data availability was widely reported as a factor limiting the prioritization of QIPs at baseline, it seemed less of an issue in Year 3. Rather, Year 3 respondents indicated that other requirements guide the prioritization of QIPs and that the availability of staff time limited the ability to analyze data. The complete set of responses is located in Table 4.

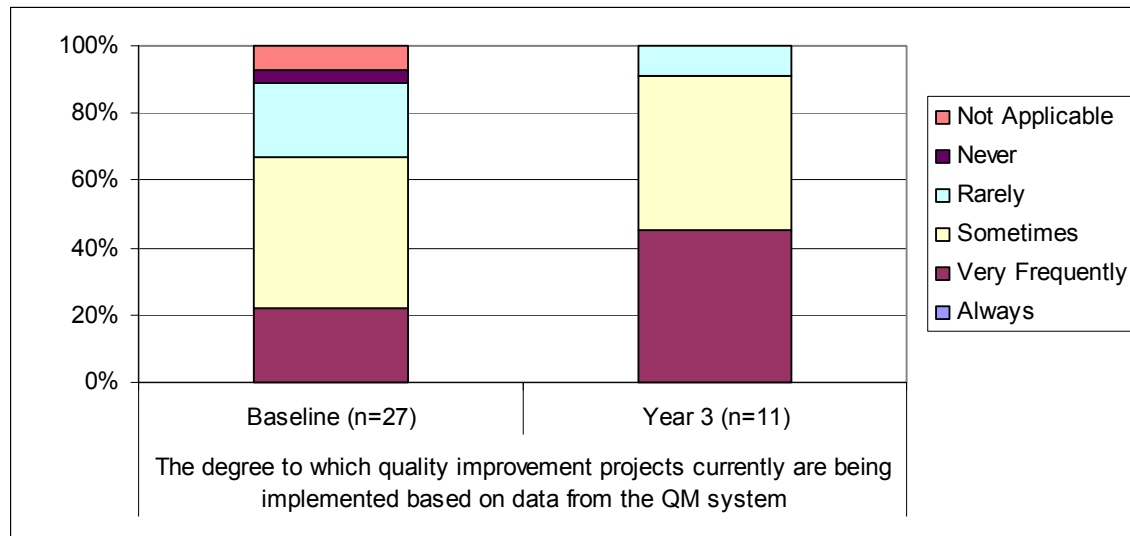
**Table 4: Factors Limiting Degree to which QIPS are Prioritized Based on Data from QM System**

We have not reviewed the available data yet. Increased education about cost utility analyses would help members be comfortable with prioritizing improvement projects.
Availability of accurate data
Programs are still bound by old quality improvement models/requirements. Changes need to be made to update quality plans and assurances to reflect the increasing availability of data from the system.
Prioritization is based on data, CMS requirements, 5-year strategic management plan, and stakeholder input.
Competing demands for staff time.

## Implementation of Quality Improvement Projects

At baseline, the majority of respondents (75%) reported that QIPs were being implemented at the time of the survey. In Year 3, a smaller proportion of respondents (65%) reported that QIPs were being implemented. Respondents were asked the degree to which QIPs were being implemented based on data from the quality management system. Response options included “always,” “very frequently,” “sometimes,” “rarely,” “never,” and “not applicable.”

At baseline, slightly less than half of the respondents (45%) stated that QIPs were sometimes implemented based on data. Another 21% stated that this occurred very frequently, and 20% said this occurred rarely. In Year 3, nearly half (48%) said that QIPs were very frequently implemented based on data, and 45% said this occurred sometimes.



In an open ended question, respondents provided feedback on the factors limiting the degree to which QIPs are being implemented on the basis of data from the quality management system. At baseline, 20 respondents provided feedback on these limiting factors, and data availability was the most frequently cited. In Year 3, 5 respondents provided feedback, and the most common limiting factor was insufficient human resources. The full set of comments is provided in Table 5.

**Table 5: Factors Limiting Degree to which QIPs are Implemented Based on Data from QM System**

We have not reviewed the available data yet. Increased education about project management, improving work processes, and organizational change would reduce the resistance to implementing projects.
Too many projects going on at once
Lack of sufficient human resources. The need to continue old practices until approval can be obtained to change. IT issues..
Governor Jindal's cuts in budget
Lack of staff to devote to QI efforts. Majority of regional office staff still involved in processing plans of care. Need to amend waiver documents to change focus from approval to QI.

#### Measure 3.1.4

Measure 3.1.4	
Outcome	Louisiana's QM systems will improve the quality of its long term support systems for adults with disabilities, elders, and individuals with developmental disabilities.
Measure	Level to which quality outcomes of LTC services and supports have improved.

The "Priority Outcomes and Indicators" report is the summary report to be issued by Louisiana's comprehensive QM system. The evaluation team planned to use this report as the primary data source for this measure; however, the report has not yet been issued. Therefore, the evaluation team chose to examine a variety of preliminary QM reports that will serve as sources for the Priority Outcomes and Indicators report, to determine that data appropriate to this measure are being collected, and whether that data are suitable for establishing a baseline and measuring improvements over time.

The evaluation team received preliminary QM reports on wait list and crisis indicators, health indicators, and home care indicators. Based on its review of these preliminary QM reports, the evaluation team believes that these quality indicators are adequate to support this measure. However, because this measure is a trend, and final data do not exist yet to allow the establishment of a baseline, it is not possible to report on the measure itself. The evaluation team will establish baseline measures once it receives the Priority Outcomes and Indicators report so that it can measure this outcome in the next reporting period.



### Measure 3.2.1

Measure 3.2.1	
Outcome	Louisiana's QM trend reports will be used to set quality improvement priorities
Measure	Louisiana has developed and implemented a process to review QM trends and prioritize areas for improvement.

In June 2008, the evaluation team developed a survey to measure whether Louisiana had developed and implemented a process to review QM trend reports and to prioritize areas for improvement. The survey was reviewed for content and clarity by staff at the Louisiana Department of Health and Hospitals (DHH). DHH project staff also generated a list of key stakeholders from the QM Leadership Workgroup, the DHH QM Interagency team, and the Office of Aging and Adult Services (OAAS) and Office for Citizens with Developmental Disabilities (OCDD) QM Steering Groups. Because the respondents for this survey were the same as were to be invited to complete surveys for measures 3.1.1 and 3.1.1., all three surveys were combined into a single instrument (Appendix A).

The survey was fielded to stakeholders using the online Vovici survey program, in which one can upload a survey for respondents to take online at their convenience. The Vovici software generated an email to potential respondents inviting them to complete the survey online. Several rounds of follow-up were conducted to maximize the survey response rate.

Of the 30 stakeholders invited to take the survey, 17 completed the survey (57% response rate). Respondents were asked to identify each of the QM-related stakeholder groups in which they had participated. Fifteen respondents had participated in the QM Leadership workgroup, 8 in the DHH QM Interagency team, 1 in the OCDD QM Steering group/SPICE group, and 5 in the OAAS QM Steering group.

### Review of Quality Management Trend Reports

Respondents were asked whether a formal process had been developed to review quality management trend reports. Of the 12 individuals who answered this question, six did not know whether a formal process had been developed, three said that a formal process had not been developed, and three indicated that a formal process had been developed. The three who indicated that a formal process had been developed also all reported that the process had been implemented to review the quality management trend reports. These three individuals were also asked to rate their satisfaction with the process for reviewing quality management trend reports. Two were satisfied and one was very satisfied. None of these three individuals offered suggestions for how to improve the process for reviewing the quality management trend reports.

### Measure 3.2.2

Measure 3.2.2	
Outcome	Louisiana's QM reports will provide useful information to stakeholders
Measure	Level of satisfaction stakeholders report with QM reports' timeliness, "readability," and relevance to decision making

Based on discussions with project staff, data collection for this measure has been delayed until QM reports become available.

### Measure 3.2.3

Measure 3.2.3	
Outcome	Louisiana's QM reports will provide useful information to stakeholders for decision making
Measure	Degree to which consumers/families report using QM reports to select providers and service options.

Based on discussions with project staff, data collection for this measure has been delayed until QM reports become available.

#### **Measure 3.2.4**

Measure 3.2.4	
Outcome	Louisiana's QM reports will provide useful information to stakeholders
Measure	Degree to which community providers report using QM reports as basis for their practice decisions

Based on discussions with project staff, data collection for this measure has been delayed until QM reports become available.

### Measure 3.3.1

Measure 3.3.1	
Outcome	State processes will support ongoing evaluations of the QM strategy
Measure	A. Degree to which procedures are identified B. Degree to which procedures are followed for making ongoing improvements to the QM strategy

This measure was not scheduled to start during this reporting period. It is scheduled to start for the evaluation of Grant Year 4.

### **Measure 3.3.2**

Measure 3.3.2	
Outcome	Revisions will improve the effectiveness and efficiency of Louisiana's QM strategy
Measure	Level that stakeholders report revisions have improved the QM strategy.

This measure was not scheduled to start during this reporting period. It is scheduled to start for the evaluation of Grant Year 5.

## **Evaluation Results Goal 4 Information Technology (IT)**

### **Measure 4.1.1**

Measure 4.1.1	
Outcome	Louisiana's IT system will support individual self-direction and service provision in a "user friendly" manner
Measure	Level of satisfaction reported by users of IT applications implemented to support consumer direction

Based on discussions with project staff, data collection for this measure has been delayed until IT applications have been implemented to support consumer direction.

### Measure 4.2.1

Measure 4.2.1	
Outcome	Louisiana's consumers and families will be able to use the web-based IT resources to find out for which long-term care services they may be eligible
Measure	Frequency of use of web-based IT resources system by stakeholders

To evaluate the frequency of use of web-based IT resources by stakeholders, the evaluation team procured site tracking reports for webpages containing program and service information within the LouisianaAnswers.com and DHH websites. These reports enumerated the number of visits—that is, the number of times a visitor came to the specified URL—to each specified webpage. Data for both websites are from the period between July 1, 2006 and June 30, 2008.

### DHH Webpage Usage

Table 6 presents the estimated number of visits per quarter for the period between July 1, 2006 and June 30, 2008—two years of grant implementation—to various webpages within the DHH website. The number of visits per quarter was estimated because the data tracking reports presented the number of hits in bar charts that did not specify the exact number of visits per quarter. In general, many of the webpages had increases in visits across the initial five quarters of data collection. However, many of the webpages experienced a noticeable drop in visits during quarter 6, the period between October 1, 2007 and December 31, 2007, after which they slowly regained their prior levels of visitors. The three figures below visually display the trend in visits to the webpages. Each figure shows a subset of webpages, including the main page and relevant subpages, for the following: Medicaid/Long-term Care, Office for Citizens with Developmental Disabilities, and Office for Aging and Adult Services.

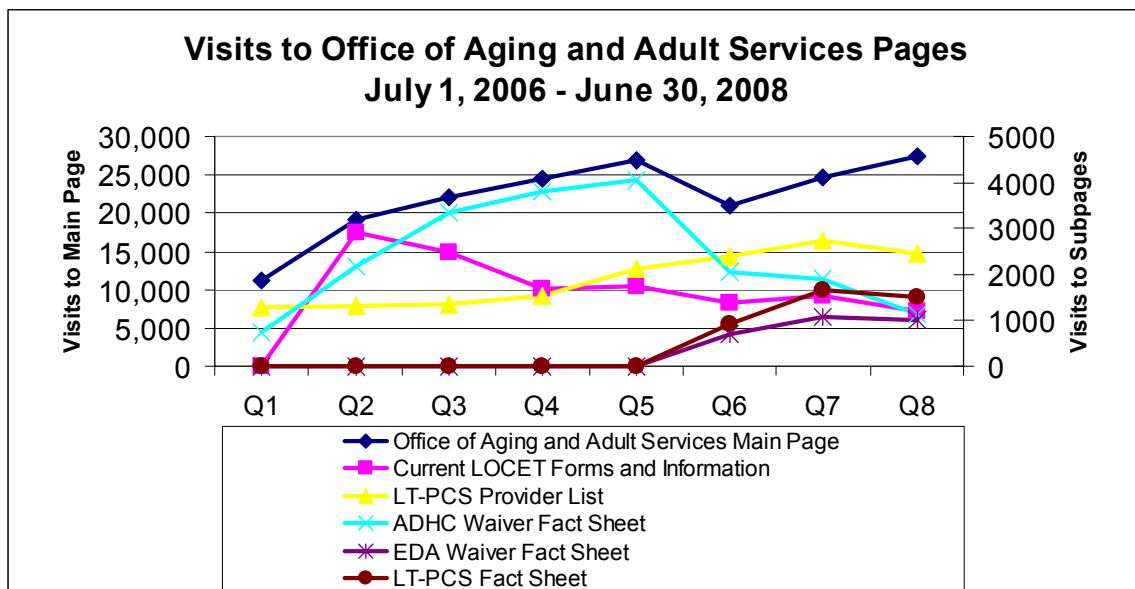
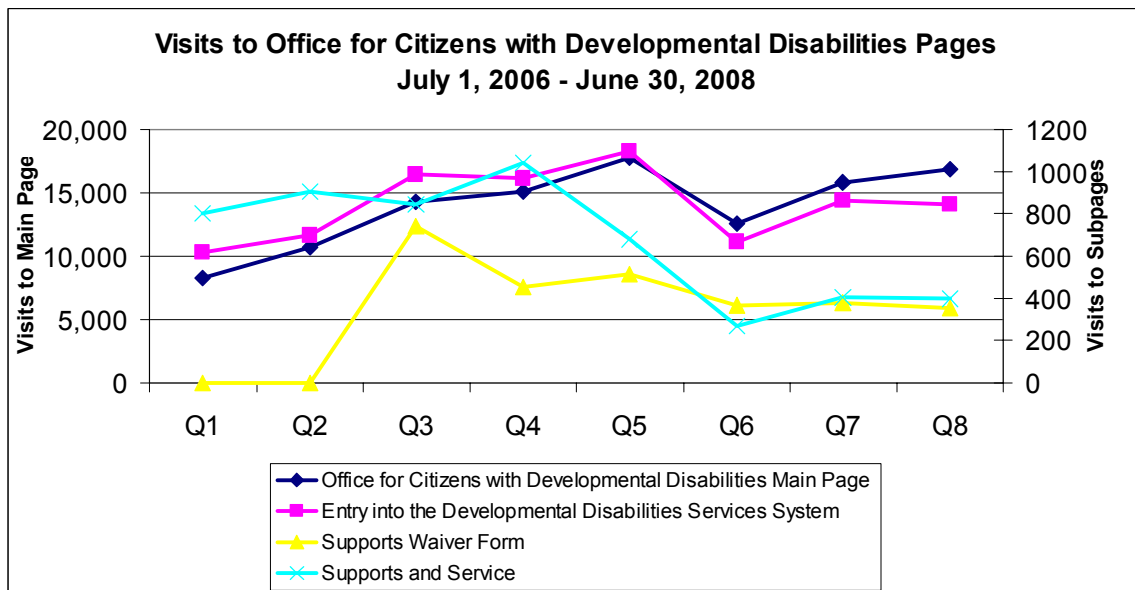
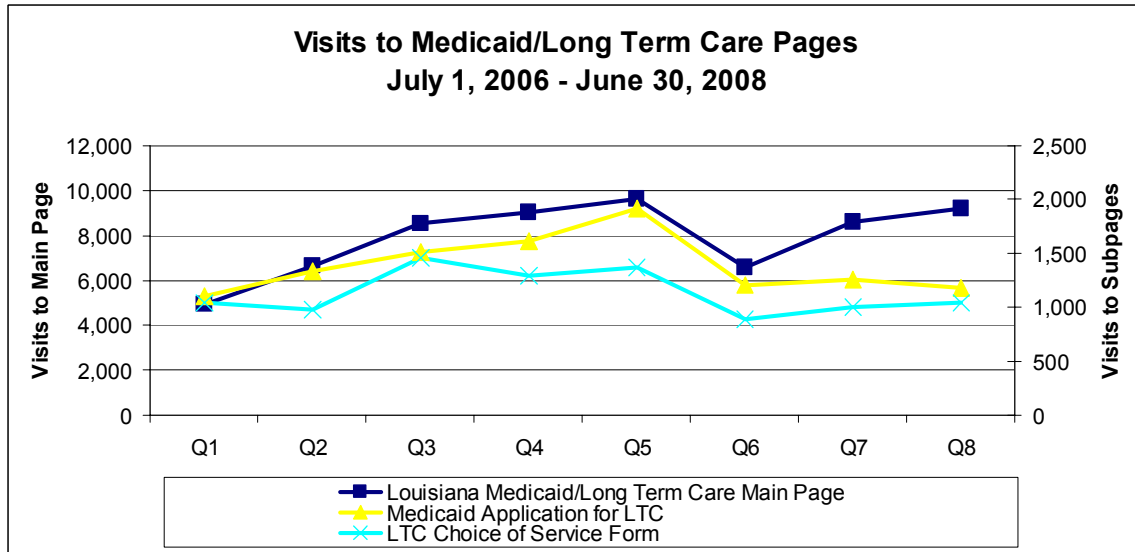


Table 6: Estimated DHH Website Visits Per Quarter

DHH Webpage Description	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
<b><i>Louisiana Medicaid/Long-Term Care</i></b>								
Louisiana Medicaid/Long Term Care Main Page	4,925	6,635	8,555	9,000	9,650	6,600	8,600	9,200
Medicaid Application for LTC	1,110	1,335	1,510	1,615	1,920	1,205	1,260	1,180
LTC Choice of Service Form	1,045	972	1,462	1,295	1,370	890	1,000	1,045
<b><i>Office for Citizens with Developmental Disabilities</i></b>								
Office for Citizens with Developmental Disabilities Main Page	8,250	10,700	14,250	15,100	17,800	12,550	15,850	16,850
Entry into the Developmental Disabilities Services System	620	700	985	965	1,095	670	865	845
Supports Waiver Form	-- <sup>1</sup>	-- <sup>1</sup>	740	455	515	365	380	355
Supports and Service	800	905	845	1,040	680	270	405	400
<b><i>Office of Aging and Adult Services</i></b>								
Office of Aging and Adult Services Main Page	11,200	19,100	22,050	24,550	26,950	21,050	24,700	27,350
Current LOCEET Forms and Information	-- <sup>1</sup>	2,925	2,475	1,700	1,755	1,370	1,535	1,190
LT-PCS Provider List	1,285	1,320	1,355	1,545	2,130	2,405	2,725	2,450
ADHC Waiver Fact Sheet	725	2,175	3,350	3,800	4,050	2,050	1,900	1,130
EDA Waiver Fact Sheet	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	705	1,070	1,010
LT-PCS Fact Sheet	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	-- <sup>1</sup>	930	1,655	1,490

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<sup>1</sup> These webpages were either (1) not active or (2) not located at the current URL during this quarter.



## LouisianaAnswers.com Webpage Usage

As reported in the first annual report, Table 7 presents the number of hits for the period between July 1, 2006 and August 31, 2007 to selected webpages within the LouisianaAnswers.com website. The number of hits per quarter was not available at the time of the writing of the first annual report.

During the fall of 2007, a new LouisianaAnswers website was unveiled. Though the number of hits was tracked for selected webpages within the new website and are reported in Table 8, these data are not comparable to data collected during Year 2. However, these data can serve as a baseline for future comparison. Of note, the webpages containing information about health services had the heaviest traffic of those tracked for this report. In addition, during grant Year 3, there were 1,254 provider registrations and 3,526 user registrations to the LouisianaAnswers.com website. Provider registrations are businesses that have signed on to have their names appear in the website listings. Users are general users who have registered to save their search information.

**Table 7: LouisianaAnswers.com Selected Webpage Activity  
July 1, 2006 - August 31, 2007**

<b>LouisianaAnswers.com Webpage File Description</b>	<b>Hits</b>
/LearnAboutContent/Housing/default.aspx	2936
/Learnaboutcontent/Housing/default.aspx	783
/LearnAboutContent/Housing/Long+Term+Care+Facilities/Nursing+Facilities/default.aspx	191
/LearnAboutContent/Housing/Long+Term+Care+Facilities/default.aspx	177
/LearnAboutContent/Health/Long+Term+Care/Family+Care+And+Caregiver/default.aspx	82
Learnaboutcontent/housing/long+term+care+facilities/nursing+facilities/default.aspx	13
Learnaboutcontent/health/long+term+care/family+care+and+caregiver/default.aspx	12
/LearnAboutContent/Housing/Long+Term+Care+Facilities/Default.aspx	4
/LearnAboutContent/Housing/Long+Term+Care+Facilities/Nursing+Facilities/Default.aspx	3

Note: The similar file names represent different paths through the web site to the information.

**Table 8: LouisianaAnswers.com Selected Webpage Activity  
July 1, 2007 - June 30, 2008**

<b>LouisianaAnswers.com Webpage File Description</b>	<b>Hits</b>
Health	3,710
Care Management	29
Assist Technology	2,349
Housing	3,248
Long Term Care	556

### Measure 4.2.2

Measure 4.2.2	
Outcome	Louisiana consumers and their families will be highly satisfied with the accessibility and usability of information and referral systems
Measure	Level of satisfaction reported by consumers and their families with the accessibility and usability of electronic information and referral systems

This measure was designed to be evaluated using an on-line popup survey. The measure was removed from the current evaluation at the recommendation of DHH project staff due to the historic poor response rate to online pop-up surveys. Evaluators will confer with grant staff and other stakeholders to design focus group opportunities or another appropriate mechanism for data collection to be reported in the Grant Year 4 Evaluation Report.

### Measure 4.2.3

Measure 4.2.3	
Outcome	The time between application for LTC services and the delivery of those services will be reduced.
Measure	Days from contact to start of services

The “Priority Outcomes and Indicators” report is the summary report to be issued by Louisiana’s comprehensive QM system. The evaluation team planned to use this report as the primary data source for this measure; however, the report has not yet been issued. Therefore, the evaluation team chose to examine a variety of preliminary QM reports that will serve as sources for the Priority Outcomes and Indicators report, to determine that data appropriate to this measure are being collected, and whether that data would allow for reporting on this outcome.

The evaluation team received preliminary QM reports on wait list and crisis indicators, health indicators, and home care indicators. Most of the preliminary data did not include measures of the length of time between application for services and the delivery of those services. Two portions of the wait list and crisis indicators report contain data on the average length of wait for Adult Day Health Care (ADHC) and Elderly and Disabled Adult (EDA) waivers. The average length is not measured in days, but should be adequate for measuring this outcome. Nevertheless, the evaluation team will investigate the possibility of including the number of days from contact to the start of services in the final reports.

The evaluation team does not believe it is appropriate to report on this outcome on the basis of preliminary data. Further, because this measure is a trend, and final data do not exist yet to allow the establishment of a baseline, it is not possible to report on the measure itself. The evaluation team will establish baseline measures once it receives the Priority Outcomes and Indicators report so that it can measure this outcome in the next reporting period.

### Measure 4.3.1

Measure 4.3.1	
Outcome	Louisiana will expand its web-based resources to improve public access to QM information that will support consumer choice of the best quality services and providers for their needs
Measure	Amount of QM information available on DHH websites and LouisianaAnswers.com

Several sources of information about aging and disability services are available online to Louisiana consumers. Louisiana DHH publishes health provider compliance histories on its Health Standards website, and the LouisianaAnswers.com website allows consumers to search for aging and disability services throughout the state. To evaluate the amount and type of quality management information available on these two websites, the evaluation team conducted an initial assessment in April 2007. A second audit of the two websites was conducted in June 2008, to determine whether any additional quality management information had become available for consumers.

**Health Standards.** As reported in the First Annual Report, in April 2007, the DHH Health Standards website provided service quality information for nursing homes. The information available for consumers included the results of annual facility assessments, compliance level, and regulation violations. In June 2008, the evaluation team reviewed the site for updates and found no new types of quality information available.

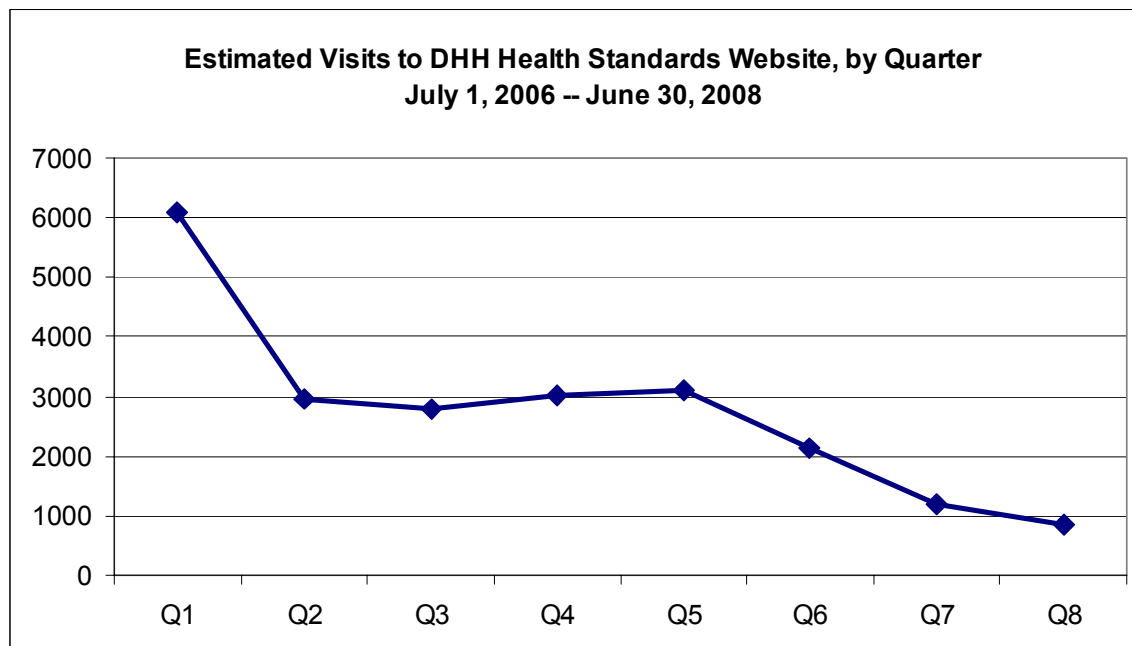
**LouisianaAnswers.** As reported in the First Annual Report, in April 2007, the LouisianaAnswers.com website did not provide quality management information for any type of aging or disability service. The website offered a searchable service directory to locate providers by zip code or parish, but it did not report on the quality of any of these services. In June 2008, the evaluation team reviewed the site for updates and found no quality information available.

### Measure 4.3.2

Measure 4.3.2	
Outcome	Louisiana will expand its web-based resources to improve public access to QM information that will support consumer choice of the best quality services and providers for their needs
Measure	Frequency of use of LouisianaAnswers.com and DHH websites/pages containing QM information

To evaluate the frequency of use of pages containing quality management (QM) information within the LouisianaAnswers.com and DHH Health Standard websites, the evaluation procured site tracking reports for pages that contained QM information. These reports enumerated the number of visits—that is, the number of times a visitor came to the specified URL—to each specified webpage. Data have been collected for the period July 1, 2006 to June 30, 2008. Because LouisianaAnswers.com did not contain QM information at the time of this report, the evaluation team did not request site tracking reports for any pages within that website.

The number of visits per quarter was estimated because the data tracking reports presented the number of hits in bar charts that did not specify the exact number of visits per quarter. Interestingly, of the approximately 22,160 visits over the two years, about 28% of the visits occurred in the first quarter tracked (July 1, 2006 to September 30, 2006). There was a steep decline in visits following the initial boom of the first quarter in 2006. Though visits remained relatively stable through September 2007 at about 3,000 visits per quarter, a downward trend in visits occurred again in quarters 6 to 8 (October 1, 2007 – June 30, 2008). In the final quarter of data tracking, there were just 850 visits to the DHH Health Standards website.



### Measure 4.3.3

Measure 4.3.3	
Outcome	Louisiana DHH staff will report satisfaction with the integration of quality improvement systems with IT systems and the ability to track program quality based on individual and system level outcomes
Measure	Degree to which staff report satisfaction with QM/IT system integration

In spring 2008, due to minimal progress on QM/IT system integration and at the recommendation of DHH, the evaluation team developed a survey to measure the extent to which DHH program officers had access to QM data in the IT system. Data collected from this survey will be used to inform the development of a more extensive survey measuring the degree of staff satisfaction with QM/IT system integration, once integration of the systems has commenced. The current survey was reviewed for content and clarity by staff at DHH. DHH project staff also generated a list of key informants—2 DHH program officers responsible for waiver reports—to participate in this survey. Because the respondents for this interview were the same as were to be invited to complete a phone interview for measure 3.1.2, these instruments were combined into a single protocol (Appendix B).

Interviews lasted for approximately 30 minutes and were conducted during September 2008, though respondents were asked to reflect on the period between July 1, 2007 and June 30, 2008. The findings are presented below.

### Understanding of How the QM and IT Systems will be Integrated

Respondents were asked to comment on their understanding of how the QM and IT systems will be integrated. Their comments follow.

*“We are going to automate the plan of care so that we’ll be able to get data from that. We have had discussions about making sure that systems ‘talk’ to each other.”*

*“I do know that they have been working on mechanisms to get us data for some of our joint program performance indicators (for example, waitlists). They have been working with various offices with that information to get standard reports.”*

### Access to QM Data in the IT System

Respondents were asked the extent of their access to various data in the IT system related to indicators in four areas of work with clients: assessment, care planning, monitoring, and outcomes. Table 9 shows respondent access to these data.



**Table 9: Access to QM Data in the IT System**

<b>Indicator</b>	<b>Respondent 1</b>	<b>Respondent 2</b>
Average number of days from initial contact to completion of eligibility	Yes	Yes
Average number of days from eligibility (or funding approval) to start of services	Yes	Yes
Proportion of individuals with documented choice between the waiver and an institution	No	Unsure
Proportion of plans/services that were changed to meet individuals' changing needs	Partial	No
Proportion of individuals who receive the services in their plans	Yes	Unsure
Proportion of individuals who receive the scope, amount and frequency of services described in their plan	Yes	Unsure
Number and types of rights complaints/grievances and appeals	Partial	Partial
Percent of participants whose services provided are not equal to services authorized	Yes	Yes

## Evaluation Results Goal 6 Housing

### Measure 6.1.1

Measure 6.1.1	
Outcome	Louisiana will expand its infrastructure to provide older adults and people with disabilities access to affordable, accessible community-based housing
Measure	Presence and size of Community Housing Advocacy Networks (CHANs) in DHH regions

A Community Housing Advocacy Network (CHAN) is a regionally-based coalition of social service providers, housing developers, government agency representatives, advocates, and self-advocates concerned about the availability of affordable and accessible housing for low income people with disabilities (including elderly adults with disabilities). CHANs develop housing initiatives based on the local needs that have been identified by their members. A list of roles and responsibilities of CHANs is located in Table 10.

**Table 10: Roles & Responsibilities of CHANs**

<ul style="list-style-type: none"><li>• Ensure that an agency representative is an active member of the CHAN</li></ul>
<ul style="list-style-type: none"><li>• Use data from your area/region to create a strategic plan to improve and increase availability, access, and resources that support LA STG housing objectives</li></ul>
<ul style="list-style-type: none"><li>• Share information, outcomes, strategies and address housing needs</li></ul>
<ul style="list-style-type: none"><li>• Provide information and participate in the Public Housing Authority planning process, Consolidated Plan planning process and other public policies that address the needs of persons with disabilities</li></ul>
<ul style="list-style-type: none"><li>• Respond to action alerts that promote favorable policy at the state and federal level</li></ul>
<p>As part of an on-going process to address housing needs of persons with disabilities the members of the CHAN's will collectively:</p> <ul style="list-style-type: none"><li>• Assess the needs of people with disabilities and the elderly in reference to affordable and accessible housing</li><li>• Identify problems and issues in housing in community/region</li><li>• Develop an annual strategic plan to address problems and issues</li><li>• Implement, monitor, and evaluate progress</li></ul>

For this report, CHAN activity has been tracked for three periods: early 2005, August 2007, and August 2008. To track the 2005 operation of CHANs in Louisiana, the evaluation team relied on information supplied by the former Louisiana State University, Human Development Center individual responsible for developing the initial CHANs as part of a pilot project in the state.

**Early 2005.** Four CHANs were in operation in early 2005. Three of these CHANs—Orleans/Jefferson (Region I), Baton Rouge (Region II), and Lake Charles (Region V)—operated as pilot projects by Louisiana State University’s Human Development Center. (LSU/HDC). The fourth active CHAN—Lafayette (Region IV)—was not in the pilot program.

**August 2007.** Post-Katrina, the majority of Louisiana’s CHANs were not sustainable because (1) individual CHAN members were dispersed throughout the state and country, (2) local governments were both chaotic and not fully staffed, and (3) priorities were shifted to basic infrastructure and rebuilding. As of August 10, 2007, the only active CHAN was in Thibodeaux (Region III). However, other localities had begun to organize advocacy activities related to affordable housing. In Lake Charles (Region V), development meetings were being held to begin restoring CHAN activity. In Orleans and Jefferson parishes, several advocacy groups had begun meeting to discuss affordable housing for people with disabilities and the elderly. In addition, Louisiana DHH was participating in a CHAN-like group targeting NIMBYism (Not In My Backyard Syndrome) in Orleans and Jefferson parishes.

**August 2008.** As of August 15, 2008, 8 regional CHANs were in operation and had varying goals and operational models (Table 11). CHANs in Shreveport and Acadiana Area were in the process of forming.

**Table 11: Status of CHANs in Louisiana by Location, as of August 15, 2008**

<b>Location</b>	<b>Membership</b>	<b>Goal</b>	<b>Model</b>
New Orleans	3	50 Vouchers HANO <sup>2</sup>	Call to Action
Jefferson	10	To Be Developed	Group Meeting
Northshore Area	5	Develop New Units	Group Meeting
Capital Area	6	Advocate 5% PSH in QAP, Education & Outreach <sup>3</sup>	Group Meeting
Acadiana Area		Meeting in August	Group Meeting
Southwest LA	12	Education & Outreach; Link Developers with Service Providers	Group Meeting
Central LA	12	Training & Education	Group Meeting
Monroe	5	Develop New Units <sup>4</sup>	Group Meeting
Shreveport		Request TBRA Vouchers	Mayor’s Council
Thibodeaux	11	Develop New Units & Link Developers with Service Providers for existing units	Group Meeting

Call to Action—Does Not Meet Regularly but Responds to Calls for Action

Group Meetings—Meets on a Regular Basis with LA Systems Transformation Grant Facilitator

Mayor’s Council—Already Established with Internal Facilitator

<sup>2</sup> MFP and Medicaid Waiver Participants

<sup>3</sup> Provide Education & Training to participants and public

<sup>4</sup> Support developers to create new units

### Measure 6.1.2

Measure 6.1.2	
Outcome	State policies will support increased funding for affordable and accessible housing
Measure	Amount of low income housing tax credits that will be targeted for the development of housing that is affordable to persons at less than 30% of area median income and meet Section 504 accessibility, and/or housing that is targeted to people with disabilities

In June 2007, to evaluate state policies regarding affordable and accessible housing, the evaluation team with the assistance of the grant housing projects manager reviewed Louisiana's 2007-2008 Qualified Allocation Plan (QAP), a document prepared by the Louisiana Housing Finance Agency. The QAP details the requirements, procedures, and policies related to the low-income housing tax credit program.

As a direct result of the infusion of federal dollars through CDBG and advocacy efforts, 715 units of affordable housing for persons with disabilities and frail elderly in Permanent Supportive Housing (PSH) were created through the 2006, 2007, and 2008 "GO Zone" allocations with units available for rental on or before December 2010.

It was the intent of the evaluation team to review updated documentation in June 2008 for this report, but Louisiana did not release a 2008-2009 Qualified Allocation Plan. However, the grant housing projects manager reviewed other documents, which suggest that other funding resources that have been targeted towards development of housing for people with disabilities with extremely low incomes (below 30% of median income).

The Louisiana Housing Trust Fund was allocated \$25 million by the Louisiana Legislature, and 30% or \$7,500,000 of the overall allocation will be set aside in a separate pool for housing for people with disabilities with extremely low incomes. The following represents the competitive points for PSH and Accessibility:

*20 Points: Permanent Supportive Housing (PSH):*

6 Points: Projects with 11 - 25% of units in the project for Permanent Supportive Housing, or

12 Points: Projects with 26 - 50% of units for Permanent Supportive Housing. (To promote integration of populations, no more than 50% of the units proposed within one project can be for PSH units).

8 Points: An additional 8 points will be awarded to projects in which at least 50% of the PSH units are set-aside for households defined as Homeless (see Definitions Section for more information).

*20 Points: Accessible Units:*

10 Points for Projects with 6 - 10% of Units Designed as Handicapped Accessible or Accessible for Households with Sensory Impairment 33

20 Points for Projects with 11%- 25% of Units Designed as Handicapped Accessible or Accessible for Households with Sensory Impairment

Additional PSH Units will be created through the 2007-2008 Per Capita Tax Credit Allocation funding round. The Louisiana Housing Finance Agency allocated 50 points for PSH units of between 15%-50% of total units in an effort to encourage developers to build PSH units. Allocation of points is as follows:

At least 5% but less than 25%	25
At least 25% but less than 35%	30
At least 35% but less than 45%	40
At least 45% but not more than 50%	50

Also included in the 2007-2008 Per Capita Tax Credit Allocation funding round were allocations of additional points for units with accessibility in excess of Section 504 of Rehabilitation Act of 1973. Allocation of points is as follows:

Number of Units:

(i) \_\_\_\_\_ = more than 7% of the total units 5 \_\_\_\_\_  
but less than or equal to 10% of the total units

(ii) \_\_\_\_\_ = more than 10% of the total units 10 \_\_\_\_\_  
but less than or equal to 15% of the total units

(iii) \_\_\_\_\_ = more than 15% of the total units 15 \_\_\_\_\_

The turmoil in credit markets has caused substantial reductions in the gross equity available to projects that have been reserved or allocated credits in the 2006, 2007, and 2008 "GO Zone" and which have not closed. The Louisiana Housing Finance Agency, in coordination with the Louisiana Recovery Authority (LRA) and the Office of Community Development (OCD), is supporting an initiative to provide additional resources to fill a portion of the funding gap created by the devaluation of housing credits. In the case of projects reserved CDBG Funds, LRA/OCD has advised that additional CDBG Funds may be made available. Projects located in the eight parishes with the most hurricane damage (Calcasieu, Cameron, Jefferson, Orleans, Plaquemines, St. Bernard, St. Tammany, Vermillion) may qualify for budgeted but unallocated CDBG funds that are not encumbered.

Due to the devaluation of the Low Income Housing Tax Credit (LIHTC), many projects that were awarded or allocated funding are no longer viable. Tax credits

earmarked for these projects have been recaptured by the LHFA and are being provided to developers through a “Lightening Round.” Projects located in the GO Zone must use the GO Zone Application and projects located outside of the GO Zone must use the 07/08 per capita application. This initiative will create additional PSH units.

The 2008-2009 Per Capita LIHTC Allocation funding round has been deferred until late 2008 or early 2009 to determine whether the devaluation of tax credits will continue. Therefore no data is available for the 2008-2009 LIHTC funding round.

Advocacy groups were successful in obtaining 3,000 project-based vouchers through congressional allocation in the 2008 Legislative Session. Project-based vouchers are tied to units and are not portable by tenants. These project-based vouchers will be administered through OCD and will be used specifically for PSH. It is not expected that vouchers will be released until early in 2009.

### Measure 6.1.3

Measure 6.1.3	
Outcome	State policies will support increased funding for affordable and accessible housing
Measure	Amount of state and Entitlement City HOME and CDBG funds that are targeted for the development and/or provision of affordable and barrier-free housing and/or housing targeted to people with disabilities.

In June 2007, to determine the amount of state and Entitlement City HOME and CDBG funds targeted for the development or provision of affordable and barrier-free housing and housing targeted to people with disabilities, the evaluation team with the assistance of the grant housing projects manager reviewed Consolidated Plans at the state and city level.

For this report the research team was unable to locate updated and comparable data on CDBG or HOME funding for 2008. Therefore, the findings reported below are the same as were reported in the first annual evaluation report in 2007. Though, it should be noted that HUD is now using a new reporting document, the Consolidated Annual Performance and Evaluation Report (CAPER), which is due 90 days after the end of each program year (the deadline in Louisiana is November 15, 2008).

### State-Level Funding

The 2005-2006 Louisiana Action Plan (Pre-Katrina) Consolidated Plan did not designate funds for people with disabilities, Permanent Supportive Housing, or supportive services. However, the 2005-2007 (Post-Katrina) Louisiana Consolidated Plan did designate such funds. On December 23, 2005, Congress approved a \$29 billion package for Gulf Coast hurricane relief. That aid package included \$6.2 billion in CDBG funds for Louisiana. On June 15th, 2006, Congress approved an additional \$4.2 billion for housing in Louisiana, fully funding the Road Home program. The Office of Community Development (OCD) is providing \$667 million of CDBG funds, to be used in conjunction with Gulf Opportunity Zone tax credits under the Low Income Housing Tax Credit (LIHTC) program in accordance with the Road Home program. About \$552 million has been dedicated to develop affordable housing for people with very low incomes, including people with disabilities. Nearly \$73 million have been set aside for supportive services specifically for people with disabilities.<sup>5</sup> Additionally, the State of Louisiana amended the Consolidated Plan to include Tenant Based Rental Vouchers (TBRA) for people who were displaced by the Hurricanes. This includes but is not limited to people with disabilities and the elderly.

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<sup>5</sup> Information from the Office of Administration, Disaster Recovery Department and Louisiana Recovery Authority ([www.doa.la.gov](http://www.doa.la.gov)) (<http://www.doa.la.gov/cdbg/dr/Rental/Piggyback%20Program%20Description%2009-28-06.pdf>)

## **Entitlement City-Funding**

Table 12 presents CDBG funding allocations for the entitlement cities and Louisiana as a whole in FY 2005. For each entitlement city, total CDBG dollars allocated are reported. The percent of the total allocation devoted to housing development is also reported. Table 12 additionally provides the number of single and family units rehabilitated during FY 2005, the number of families receiving housing assistance, the percent of program beneficiaries falling designated as extremely low income (that is, those below 30% of median family income).

Table 13 presents cumulative data on HOME program funding allocations and unit development for participating jurisdictions the period between July 1992 and June 2007. Information on unit development includes (1) the percent of all completed units designated as rental units, homeowner units, and homeowner rehabilitation units and (2) among units produced for extremely low income beneficiaries, the percent that are for rental, homeowner, and homeowner rehabilitation.

Table 14 shows the Tenant-Based Rental Assistance (TBRA) unit requests by participating jurisdictions for the HOME allocations received for 2006-2007.



**Table 12: CDBG Funding Allocations for Participating Jurisdictions<sup>6</sup>**

<b>Site</b>	<b>Total CDBG Allocation Received (dollars)</b>	<b>Fiscal Year</b>	<b>Funds Utilized for Housing (percent)</b>	<b>Program Beneficiaries with Extremely Low Income (percent)</b>	<b>Single Family Units Rehab (number)</b>	<b>Multi-Family Units Rehab (number)</b>	<b>Housing Assistance (number)</b>
Alexandria	757,235	2005	12.51%	99.2%	0	0	*
Baton Rouge	4,818,407	2005	64.58%	98.8%	29	30	64
Bossier	600,753	2005	48.77%	66.4%	8	0	54
Houma	1,411,670	2005	40.25%	42.8%	6	0	134
Jefferson	4,161,170	2005	23.1%	64.0%	2	0	16
Kenner	781,171	2005	25.28%	0%	0	0	0
Lafayette	1,869,833	2005	38.44%	1.4%	37	0	86
Lake Charles	957,345	2005	3.40%	0%	0	0	1
Monroe	1,005,173	2005	28.64%	92%	10	0	44
New Orleans	17, 126,719	2005	38.19%	28.7%	144	2	847
Shreveport	2,992,628	2005	31.29%	0%	45	0	82
Slidell	228,534	2005	3.32%	0%	0	0	0
Thibodeaux	236,402	2005	0%	0%	0	0	0
Louisiana	32,508,872	2005	5.04%	38.81%	0	0	0

<sup>6</sup> Information provided by Housing and Urban Development, CDBG Scorecard ([www.hud.gov](http://www.hud.gov))

**Table 13: HOME Investment Partnership Program: Funding Allocations by Participating Jurisdiction**

Participating Jurisdiction	Total HOME Allocations Received <sup>7</sup> (dollars)	Unit Production Completions July 1992 – June 2007				Unit Production Units for Extremely Low Income <sup>8</sup>			
		Rental (percent)	Homeowner Rehabilitation (percent)	Homebuyer (percent)	New TBRA <sup>9</sup> (number)	Rental (percent)	Homeowner Rehabilitation (percent)	Homebuyer (percent)	
Alexandria	6,680,933	76%	21%	3%	0	60%	20%	10%	
Baton Rouge	32,206,879	94%	0%	6%	53	70%	75%	10%	
Bossier/ Shreveport	21,183,831	0%	0%	100%	0	5%	30%	0%	
Houma	6,794,801	0%	0%	100%	67	60%	50%	2%	
Jefferson	33,772,992	0%	19%	81%	0	50%	35%	0%	
Lafayette	11,210,205	25%	50%	25%	0	25%	50%	5%	
Lake Charles	6,632,765	0%	75%	25%	0	100%	65%	100%	
Monroe	8,003,098	17%	30%	53%	0	10%	10%	2%	
New Orleans	101,339,593	0%	0%	100%	0	50%	30%	2%	
Louisiana	211,537,178	46%	0%	54%	143	35%	35%	2%	

<sup>8</sup> Extremely Low Income (<0-30% of Median Family Income)

<sup>9</sup> TBRA = Tenant-Based Rental Assistance

**Table 14: HOME Investment Partnership Program: Advocacy Strategy and Measurement by Participating Jurisdiction, 2006-2007**

Participating Jurisdiction	Total HOME Allocations Received <sup>10</sup>	Tenant-Based Rental Assistance (TBRA)			
		TBRA Request at 1% of Total Allocation	Cost per TBRA Voucher based on FMR	Number of Units at 1% of Total Allocation	Existing TBRA <sup>11</sup> (number)
Alexandria	<b>\$6,680,933</b>	66,809	405	164	0
Baton Rouge	<b>\$32,206,879</b>	322,068	624	516	53
Bossier/Shreveport	<b>\$21,183,831</b>	211,838	355	596	0
Houma	<b>\$6,794,801</b>	67,948	419	162	67
Jefferson	<b>\$33,772,992</b>	337,729	803	420	0
Lafayette	<b>\$11,210,205</b>	112,102	494	226	0
Lake Charles	<b>\$6,632,765</b>	66,327	456	145	0
Monroe	<b>\$8,003,098</b>	80,030	416	192	0
New Orleans	<b>\$101,339,593</b>	1,013,395	803	1262	0
Louisiana	<b>\$211,537,178</b>	2,115,371	400	5288	143

<sup>10</sup> Total annual HOME allocations received for 2006- 2007

<sup>11</sup> TBRA = Tenant-Based Rental Assistance

#### Measure 6.1.4

Measure 6.1.4	
Outcome	Louisiana will have increased Accessible/Affordable housing stock
Measure	Length of time taken for consumers to transition from nursing facilities and the public developmental center ICF into affordable, accessible housing with services

To evaluate this measure, the evaluation team planned to use data from the Money Follows the Person initiative in Louisiana. However, because that project was not fully implemented during Year 3, the evaluation team interviewed a key informant from the Permanent Supportive Housing program staff to determine whether that program tracked the length of time taken for consumers to transition between nursing facilities and public developmental center ICFs into affordable, accessible housing with services.

The Permanent Supportive Housing program currently tracks the average time from pre-tenancy to tenancy in affordable, accessible housing with services. However, information on the type of facilities beneficiaries have transitioned from is not readily available in a central location. This information currently may be collected and tracked at the local lead agency level, but it is not aggregated. The evaluation team will establish baseline measures once this indicator is fully tracked—either by the Permanent Supportive Housing program or the Money Follows the Person initiative.

Several factors affect the time taken for consumers to transition to affordable, accessible housing with services. The program has no control over when a unit comes available and whether the unit is physically accessible, and little control over whether a property manager screens out a potential beneficiary. The Permanent Supportive Housing program does a background check on clients and helps to resolve any issues in their background to help improve their chances for tenancy.

### **Measure 6.1.5**

Measure 6.1.5	
Outcome	Louisiana will have increased Accessible/Affordable housing stock
Measure	Frequency of instances of “Housing” being listed as a barrier to transition into HCBS from nursing homes and public developmental center.

Based on discussions with project staff, data collection for this measure has been delayed until the Money Follows the Person program is fully implemented, as these data will be tracked within that program.

### Measure 6.2.1

Measure 6.2.1	
Outcome	Louisiana will expand models to coordinate long-term supports in affordable, accessible housing through development of Medicaid-funded services-enriched housing
Measure	A. Number of individuals with disabilities living in Medicaid-funded and affordable Assisted Living units B. Number of individuals with disabilities living in Permanent Supportive Housing

Based on discussions with project staff, data collection for Measure 6.2.1a—number of individuals with disabilities living in Medicaid-funded and affordable Assisted Living units—has been delayed. To collect data on the number of individuals with disabilities living in Permanent Supportive Housing, the evaluation team interviewed a key informant from the Permanent Supportive Housing program staff.

As of the end of June 2008, there were 16 households placed in units and receiving services from the Permanent Supportive Housing program. The number of “individuals” was not readily available from the Permanent Supportive Housing program. The program did know that half of the households were previously homeless, but the type of disability of beneficiaries was not known.

Placement in Permanent Supportive Housing partially depends on when units come available, as well as factors such as unit size and presence of accessibility features. In addition, characteristics of the client also affect their placement into housing. For example, one-third of program housing units are set aside for those who are homeless. Those who are not homeless at the time of assessment are put in a lottery in which each personal situation is weighted depending on whether the person is at risk of homelessness or institutionalization.

### **Measure 6.3.1**

Measure 6.3.1	
Outcome	A web-based, searchable database of affordable housing with long-term supports will be available and in use
Measure	State-wide searchable housing registry operational within two years

As reported in the First Annual Report, the [lahousingsearch.org](http://lahousingsearch.org) website, an online housing search tool, was activated in early October 2006, at which time property providers in Louisiana could submit information on available rental property. Search capabilities for consumers became available in late October 2006. Site content and search capabilities have remained stable since October 2006.

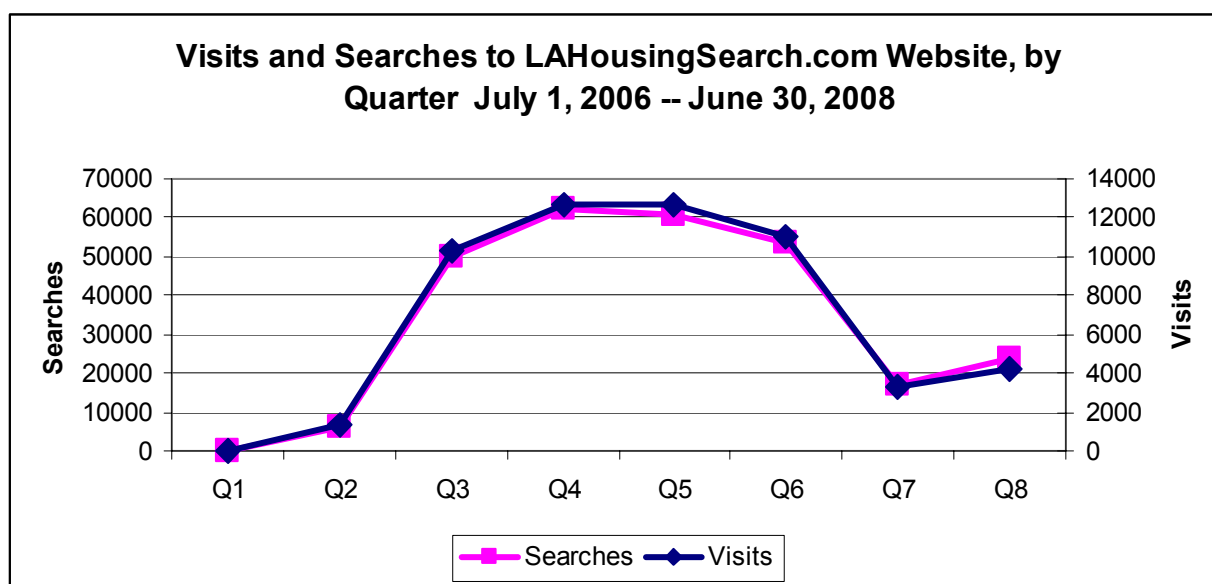
### Measure 6.3.2

Measure 6.3.2	
Outcome	A web-based, searchable database of affordable housing with long-term supports will be available and in use
Measure	Number of “searches” on DHH-sponsored web-based registry

To quantify the number of searches on the lahousingsearch.org website, the evaluation team relied on data provided by Social Serve, the organization that operates lahousingsearch.org. Social Serve tracks visitor activity on the lahousingsearch.org website in terms of both the number of site visitors and the number of searches performed on the site. The evaluation team extracted quarterly data from a webpage tracking site managed by Social Serve. Table 15 presents data for eight complete quarters of tracking, and the figure below provides a visual representation of trends in visitors and searches.

**Table 15: LAHousingSearch Web Site Activity, July 2006 – June 2008**

	Visitors (Number)	Searches (Number)
July 1, 2006 – September 30, 2006	0	0
October 1, 2006 - December 31, 2006	1,334	6,019
January 1, 2007 - March 31, 2007	10,328	50,114
April 1, 2007 - June 30, 2007	12,654	62,075
July 1, 2007 – September 30, 2007	12,651	60,858
October 1, 2007 - December 31, 2007	11,014	53,491
January 1, 2008 - March 31, 2008	3,330	17,172
April 1, 2008 - June 30, 2008	4,257	23,609
<b>TOTAL</b>	<b>55,568</b>	<b>273,338</b>





Over the approximately 21 months since the activation of the lahousingsearch.org website, 55,568 visitors had viewed the website and there were 273,338 housing searches performed. Though quarterly visits and searches remained steady from January 2007 to December 2007, the site saw a dramatic decline in quarterly visits and searches during the first two quarters of 2008.

Overall, the number of visitors and searches is likely undercounted due to several aspects of the tracking procedure. For example, Social Serve only tracks visitors who have web cookies turned on in their browser and publicly accessible computers are counted as a single visitor even though many users may access the lahousingsearch.org website from these computers.

### Measure 6.3.3

Measure 6.3.3	
Outcome	Social service agencies and DHH entities that assist people with disabilities to find housing will report greater ease in locating affordable/accessible housing
Measure	Level of satisfaction social service agency and DHH entity staff report with registry as an effective tool to locate affordable, accessible housing. Level of satisfaction social service agency and DHH entity staff perceive their clients have with the registry as an effective tool to locate affordable, accessible housing.

Based on discussions with project staff, data collection for this measure has been delayed until social service agencies and DHH entities have access to the full functionality of the registry.

### Measure 6.3.4

Measure 6.3.4	
Outcome	Increased number of individuals with disabilities will be renting affordable, barrier-free units
Measure	Number of affordable and ADA standard accessible rental units landlords report they have, which are occupied by individuals who need accessibility features.

In June 2008, the evaluation team developed a survey (Appendix C) to measure the number of affordable and ADA standard accessible rental units owned by property providers and which were occupied by individuals needing the accessibility features. The survey was reviewed for content and clarity by staff at the Louisiana DHH.

Baseline data collection occurred in August 2008. SocialServe, the contractor providing the LAHousingSearch service, telephoned 104 Louisiana property providers with listings within LAHousingSearch and completed the survey with 60 of these providers (58% response rate). Table 16 presents data from this survey.

**Table 16: Affordable and ADA Standard Accessible Rental Units in Louisiana**

Total Units	5,539
Mean Number of Units per Provider	92
Total ADA Accessible Units	725
Mean Number of ADA Accessible Units per Provider	12
Mean Proportion of ADA Accessible Units per Provider	13.1%
Total Occupied ADA Accessible Units	623
Mean Number of Occupied ADA Accessible Units per Provider	10
Mean Proportion of Occupied ADA Accessible Units per Provider	85.9%
Total ADA Accessible Units Occupied by Person Needing Accessibility Features	389
Mean Number of ADA Accessible Units Occupied by Person Needing Accessibility Features per Provider	6
Mean Proportion of ADA Accessible Units Occupied by Person Needing Accessibility Features per Provider	62.4%

Affordable and ADA accessible units accounted for a relatively small proportion (13%) of the total units owned by property providers. Occupancy of these units was high (86%), though just 62% of rented units were being rented by a person needing the accessibility features.

In addition, this survey revealed several other interesting findings. Eight of the individuals who did not participate in the telephone survey terminated the call before the survey began because they thought they were “in trouble.” And, among those who refused to complete the survey, most answered the first three survey questions but refused to provide the number of affordable and ADA accessible units being rented by an individual needing the accessibility features.

## **Conclusions**

Over the past two years of grant implementation, Louisiana has made progress within each of the three goal areas of the grant—quality management, information technology, and housing—though the pace and scope of progress has varied among the goal areas. At the end of grant Year 3, some of the highlights of grant progress include:

### **Quality Management**

- There is a high level of stakeholder satisfaction with the process for developing and revising quality indicators, as well as with the set of indicators adopted. The majority of stakeholder survey respondents believe that the quality indicators are relevant to major stakeholders of long term support systems for adults with disabilities, elders, and individuals with developmental disabilities.
- DHH program officers responsible for waiver reports believe that the QM system has improved as a result of Systems Transformation Grant activities and resources.
- Stakeholders report that information from Louisiana’s QM system is being used to guide quality improvement projects more often now than at baseline.

### **Information Technology**

- Relative to the other goal areas, progress on the transformation of information technology has been slowest. However, DHH program officers responsible for waiver reports state that they are aware of ongoing efforts to integrate the QM and IT systems to support staff completion of waiver reports.
- The frequency of use of web-based IT resources by consumers has increased over the two years of grant implementation.

### **Housing**

- Louisiana has expanded its infrastructure to provide older adults and people with disabilities access to affordable, accessible community-based housing. Eight Community Housing Advocacy Networks are convening throughout the state—up from one during grant Year 2.
- Louisiana has implemented a web-based, searchable database of affordable housing with long-term supports, and web traffic to the site has increased over the two years of grant implementation.

## **Appendices**

## Appendix A – Survey 3.1.1., 3.1.3., 3.2.1

### Quality Indicators and Quality Improvement Projects Survey: Louisiana Systems Transformation Grant

This survey is being conducted as part of the evaluation of the Real Choice Systems Transformation Grant that Louisiana received from the Centers for Medicare and Medicaid Services. The goals of the grant are to transform long-term care in Louisiana by enhancement of long-term supports coordinated with affordable and accessible housing, development of a comprehensive quality management program, and transformation of information technology (IT) to support long term care systems change.

The purpose of this survey is threefold: (1) to determine the level of satisfaction with the current set of quality indicators, (2) to assess the extent to which quality improvement projects are being prioritized and implemented on the basis of quality management data, and (3) to determine whether Louisiana has developed and implemented a process to review quality management trends and prioritize areas for improvement.

Your responses will be kept confidential and individual comments that are cited in any reports will be kept anonymous.

#### 1) Please indicate which of the following stakeholder groups you have participated in (select all that apply):

- ☐ QM Leadership Workgroup
- ☐ DHH QM Interagency Team
- ☐ OAAS QM Steering Group
- ☐ OCDD QM Steering Group/SPICE Group

#### 2) During the past year, have there been revisions to the set of quality indicators?

- ☐ Yes
- ☐ No

#### 3) Please indicate to what extent you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My participation contributed to the revision of the quality indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My time participating in the revision of quality indicators was well spent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sufficient number of meetings were held to revise the quality indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A small group of people controlled the decisions about indicator revisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The talents and skills of many were used in the revisions of the quality indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4) My overall satisfaction with the process for revising the quality indicators was:**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ Not Applicable

**5) How could the process for revising the quality indicators have been improved?**

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**6) Please indicate to what extent you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The current set of quality indicators is relevant to major stakeholders of support systems for adults with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The current set of quality indicators is relevant to major stakeholders of support systems for older adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The current set of quality indicators is relevant to major stakeholders of support systems for individuals with developmental disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7) The current number of quality indicators chosen is:**

- ☐ Too few
- ☐ Just right
- ☐ Too many

**8) Please rate your overall satisfaction with the current set of quality indicators.**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ Not Applicable

**9) How could the current set of quality indicators have been improved?**

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**10) Are quality improvement projects currently being identified?**

- ☐ Yes
- ☐ No

**11) The degree to which quality improvement projects currently are being identified based on data from the quality management system could be characterized as:**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Very Frequently
- ☐ Always

**12) Are quality improvement projects currently being prioritized?**

- ☐ Yes
- ☐ No

**13) The degree to which quality improvement projects currently are being prioritized based on data from the quality management system could be characterized as:**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Very Frequently
- ☐ Always

**14) Are quality improvement projects currently being implemented?**

- ☐ Yes
- ☐ No

**15) The degree to which quality improvement projects currently are being implemented based on data from the quality management system could be characterized as:**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Very Frequently
- ☐ Always

**16) What, if any, factors are limiting the degree to which quality improvement projects are being identified on the basis of data from the quality management system?**



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**17) What, if any, factors are limiting the degree to which quality improvement projects are being prioritized on the basis of data from the quality management system?**

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**18) What, if any, factors are limiting the degree to which quality improvement projects are being implemented on the basis of data from the quality management system?**

**19) Are quality management trend reports available to you?**

- ☐ Yes
- ☐ No

**20) To what extent do you agree with the following statement:  
Quality Management trend reports are being used to set quality improvement priorities.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

**21) Has a formal process been developed to review the quality management trend reports?**

- ☐ Yes
- ☐ No
- ☐ Don't know/Not aware

**22) Has a formal process been implemented to review the quality management trend reports?**

- ☐ Yes
- ☐ No
- ☐ Don't know/Not aware

**23) My overall satisfaction with the process for reviewing the quality management trend reports is**

- ☐ Very Satisfied

- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

**24) How could the process for reviewing the quality management trend reports be improved?**

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Thank you for taking the time to complete this survey.

## **Appendix B – Survey 3.1.2 & 4.3.3**

### **QM System/Wavier Assurances & QM/IT System Integration**

This interview is being conducted as part of the evaluation of the Real Choice Systems Transformation Grant that Louisiana received from the Centers for Medicare and Medicaid Services. The goals of the grant are to transform long-term care in Louisiana by enhancement of long-term supports coordinated with affordable and accessible housing, development of a comprehensive quality management (QM) program, and transformation of information technology (IT) to support long term care systems change.

This interview has two parts. First, I'm going to ask some questions related to the Systems Transformation Grant objective that Louisiana's QM system will meet state and federal requirements. After that, I will ask you a few questions about QM/IT system integration.

The purpose of this interview is to collect information on Louisiana's QM system, so that we can monitor IT innovations that make it easier for you to pull waiver information together.

Your responses will be kept confidential and individual comments that are cited in any reports will be kept anonymous.

**1) Has the quality management system improved in the past year? If so, how?**

**2) Has the Systems Transformation grant impacted the quality management system? If so, in what ways has it improved the quality management system?**

**3) Please indicate the extent to which you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The Quality Management system provides timely evidence that waiver assurances are met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Quality Management system provides useful evidence that waiver assurances are met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Quality Management system provides easy access to data for waiver reporting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Quality Management system provides comprehensive information on provider deficiencies at the regional level sufficient to complete the waiver report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4) Please indicate the extent to which you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The Quality Management system provides sufficiently complete complaint data to complete the waiver report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Quality Management system provides sufficiently complete information about the resolution of abuse and neglect cases to complete the waiver report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Quality Management system provides sufficiently comprehensive data on waiver enforcement actions to complete the waiver report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to get the information I need related to waiver assurances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The data available in the Quality Management system is of good quality to complete the waiver report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5) My overall satisfaction with the Quality Management system's ability to facilitate completion of the waiver report is:**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied
- ☐ Not Applicable

**6) How could the usefulness of the Quality Management system be improved?**

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**7) Is the degree of automation of the system appropriate?**

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**8) Please comment on the quality of the data available in the Quality Management system to complete the waiver report.**

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**9) What are the major barriers to obtaining information related to the assurances?**

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Now we would like to ask you some questions about your access to Quality Management data through the current IT systems.

**10) I know that there are plans to integrate the IT and QM systems. What is your understanding of how the QM and IT systems will be integrated?  
Probe: What will it mean that the systems are "integrated"?**

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**11) Now, I'm going to ask a series of questions about your ability to access specific types of QM data in the IT system.**

**a) To what extent do you have access to data in the IT system that tells you about indicators related to the client assessment process?**

- i. Average number of days from initial contact to completion of eligibility
- ii. Average number of days from eligibility (or funding approval) to start of services
- b) To what extent do you have access to data in the IT system that tells you about indicators related to the client care planning process?**
  - i. Proportion of individuals with documented choice between the waiver and an institution
- c) To what extent do you have access to data in the IT system that tells you about indicators related to the client monitoring process?**
  - i. Proportion of plans/services that were changed to meet individuals' changing needs
- d) To what extent do you have access to data in the IT system that tells you about indicators related to client outcomes?**
  - i. Proportion of individuals who receive the services in their plans
  - ii. Proportion of individuals who receive the scope, amount and frequency of services described in their plan
  - iii. Number and types of rights complaints/grievances and appeals
  - iv. Average cost per individual by program type served in the community versus an institution
  - v. Percent of participants whose services provided are not equal to services authorized

## Appendix C – Survey 6.3.4

### Implementation Evaluation – Property Provider Survey

Date of interview: \_\_\_\_\_

Property Provider: \_\_\_\_\_

1. How many total units do you have?
2. An ADA accessible unit is one that has (1) a flat, no-step entry, (2) 32" or wider doors, and (3) a t-turn radius in the bath. How many affordable and ADA standard accessible rental units do you currently have in your inventory?
3. How many of these affordable and ADA accessible units are currently occupied?
4. How many of the occupied affordable and ADA accessible units are occupied by individuals who need the accessibility features?